

What is CHAMPVA?

CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries (see Eligibility Fact Sheet 01-03 for criteria for CHAMPVA coverage). CHAMPVA is managed by the VA's Health Administration Center (HAC) in Denver, Colorado. We process CHAMPVA applications, determine eligibility, authorize benefits and process medical claims.

How does CHAMPVA relate to TRICARE?

Both are federal programs, however, an individual who is eligible for TRICARE is not eligible for CHAMPVA. Although similar, TRICARE (formerly CHAMPUS — which is administered by the Department of Defense) should not be confused with CHAMPVA. TRICARE provides coverage to the families of active duty service members, families of service members who died while on active duty and retirees and their families, whether or not the Veteran is disabled.

Is preauthorization required for services?

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

- Durable medical equipment with a purchase price or total rental price of \$2,000 or more
- Hospice services
- Mental health/substance abuse services (see Mental Health and Substance Use Disorder Benefits Fact Sheet 01-01)
- Organ and bone marrow transplants
- Dental procedures that are directly related to covered medical conditions

What dental procedures are covered under CHAMPVA?

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

Do I need approvals for referrals to specialists or for diagnostic tests?

No, as long as they are medically necessary.

Are case management and utilization reviews performed?

Yes, clinical claims reviews are performed for a variety of medical services, including physical, occupational and speech therapies, home health, skilled nursing, rehabilitation

and use of controlled substances. Simply submit the medical documentation along with your claim. Utilization reviews are also performed for services requiring preauthorization.

Is there a contract or agreement that I must sign to accept/participate in CHAMPVA?

No. CHAMPVA does not have contract providers. You must be properly licensed in your state to receive payment from CHAMPVA and cannot be on the Medicare exclusion list.

Do I have to accept the CHAMPVA allowable rate?

Yes, under 38 CFR section 272(b) (3) and (4), providers who agree to accept the beneficiary must accept the CHAMPVA allowable charges and cannot balance bill the beneficiary. The sole exception is when the beneficiary is notified prior to any services being rendered that you do not accept CHAMPVA and the beneficiary must pay the entire billed amount up front and file the claim to CHAMPVA.

How do I get a claim paid?

The most efficient way to file a claim for CHAMPVA is electronically. The HAC accepts electronically submitted 837 claim transactions. These include the 837 Institutional, 837 Professional, and 837 Dental transactions. Transactions are accepted from providers for medical services and supplies provided in the United States, a U.S. Commonwealth or the territories. You must submit electronic claims through our clearinghouse, Emdeon™. Our Payer ID number is 84146 for medical claims and 84147 for dental claims. You can also check medical claim status and eligibility status electronically through Emdeon™ using the 276 and 270 HIPAA transactions.

We also accept paper claims, but the turnaround time to payment is, on average, an additional 20 days.

Paper claims should be mailed to:

VA Health Administration Center
CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

This is the only address that should be used for CHAMPVA paper claim submissions.

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

As of September 27, 2010 we are receiving Medicare Crossover Part A& B and DMERC claims for our CHAMPVA beneficiaries. If your patient is a Medicare beneficiary your claim will be forwarded electronically to CHAMPVA if we have the Medicare Health Insurance Claim number (HICN) on file. Please review your electronic remittance advice from Medicare to determine if your claim has been forwarded to us.

What does CHAMPVA pay?

In most cases, CHAMPVA pays equivalent to Medicare/TRICARE allowable charges.

Go to www.tricare.osd.mil/cmac to view these changes. CHAMPVA has an outpatient deductible (\$50 per person up to \$100 per family per calendar year) and a cost share of 25%. You should collect the 25% allowable cost share from the patient, except when the patient has other health insurance.

If the beneficiary has other health insurance, then CHAMPVA pays the lesser of either 100% of the allowable amount or the remainder of the charges, and the beneficiary will normally have no cost share.

How fast does CHAMPVA pay?

CHAMPVA normally pays 95% of claims within 30 days. Electronic claims are paid faster than paper claims.

To help us process claims in a timely manner, please submit the same name to your health care provider exactly as it is shown on your CHAMPVA Identification Card. If different names are used, it will cause a delay in the handling of claims. The rejection of claims could cause you to receive claims directly from your health care provider.

Are there special considerations for Ambulatory Surgery Centers?

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

How do I know if someone is CHAMPVA eligible?

Every CHAMPVA beneficiary has a CHAMPVA Identification Card that looks like the sample shown below. You may recertify eligibility through our contact center by talking to a live agent, or by using your phone's touch pad to input the patient's Social Security number into our Interactive Voice Response system. We also accept EDI requests to validate eligibility through our clearinghouse, Emdeon™, using the HIPAA 270 transaction.

 Department of Veterans Affairs Health Administration Center CHAMPVA		Open Access No Referral Required	
Beneficiary Name			
Include this Member Number on all claims and letters			
"Patient SSN"			
This is your CHAMPVA Identification Card			
Effective Date	Expiration Date	1-800-733-8387 www.va.gov/hac	

<p>CHAMPVA is secondary to most other health plans. Include an explanation of benefits from other insurers. CHAMPVA is primary to Medicaid.</p> <p>For Electronic Claims Filing please follow the instructions at: www.va.gov/hac/forproviders under "How to File a Claim."</p> <p>For Mental Health/Substance Abuse Preauthorization Call 1-800-424-4018—Preauthorization is required: • After 23 outpatient mental health visits in a calendar year • For all other mental health/substance abuse services</p> <p>For Durable Medical Equipment (DME) Preauthorization Call 1-800-733-8387—Preauthorization is required: • For DME purchase or rental over \$2,000</p>

How do I get more information?

- Mail: VA Health Administration Center
CHAMPVA
PO Box 469063
Denver CO 80246-9063
- Phone: 1-800-733-8387
- FAX: 303-331-7804
- E-mail: Please go to <http://www.va.gov/hac/contact> and follow the directions for submitting e-mail via IRIS.
- Web site: <http://www.va.gov/hac>