VA IHS/THP Reimbursement Agreement
How to Submit Pharmacy Claims

Indian Health Service/Tribal Health Program (IHS/THP) healthcare facilities participating in VA's IHS/THP Reimbursement Agreement Program (RAP) may now submit pharmacy claims through VA's Electronic Data Interchange (EDI) system.

VA encourages the use of EDI for claims meeting criteria outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Centers for Medicare and Medicaid Services (CMS) and the industry-standard claims submission form. To service VA EDI claims, participants must enroll with Change Healthcare to access the platform. Enroll by calling 800-845-6592 or visit http://www.changehealthcare.com/. You will be asked to provide the payer ID number, **12115** to submit medical claims.

VA requires **"IHS" or "THP"** to be typed in the SBR03 segment of the claim (#837) for proper routing to VA. This ensures VA claims are distinguished from others for timely and accurate routing. IHS/THPs receive reimbursement for outpatient medications prescribed by an IHS/THP provider and dispensed by the IHS or tribal facility to eligible American Indians and Alaska Natives (AI/AN) Veterans. VA reimburses IHS/THP only for pharmaceutical drugs on the VA National Formulary outlined in 38 CFR 17.38(a)(iii). Requests for reimbursement of pharmaceutical drugs not on the VA formulary are submitted for approval to the local VA pharmacy in advance of a request for reimbursement. Review the VA National Formulary listing http://www.pbm.va.gov/NationalFormulary.asp.

IHS/THP must provide VA Pharmacy Non-Formulary Approval notice for paper claims. On the CMS 1500, write PAO NF (Prior Auth. Obtained – Non Formulary) in Box 23 and on EDI 837p (professional) write PAO NF on the EDI claims note section, then attach the approval in the EDI submission or mail to:

Northwest Region Payment Operations and Management (NW POM)
VA Portland Health Care System
ATTN: IHS/THP (10N20NPC)
1601 E Fourth Plain Blvd.
Vancouver, WA 98661

IHS/THP mailing the VA Pharmacy Non-VA Formulary Approval to the NW POM Vancouver, WA address must also send an email to VHA13D01POMNWIHSTHPSupport@va.gov stating that the VA Non-Formulary Approval is being mailed. Additional options for sending a copy of the VA Pharmacy Non-VA Formulary Approval are by attaching it as an email to VHA13D01POMNWIHSTHPSupport@va.gov or by faxing to 360-905-1772, ATTN: IHS/THP.

IHS/THP use CMS 1500 for paper claims and 837p (professional) for EDI claims for pharmacy reimbursement. All pharmacy claims are to be coded using Healthcare Common Procedure Coding System (HCPCS) J3490, the code used for unclassified drugs.

Please follow the most current claim form guidance for CMS 1500/837P from National Uniform Claim Committee at www.nucc.org and CMS 1500 instruction website

https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2020_07-v8.pdf, page 45-47 for information/instructions, National Drug Codes (NDC) and units.

CMS 1500 (paper claim) requirements
- Contract/Agreement number in Box 19
- Station number in Box 23
- Notate IHS or THP in Box 11
- PAO NF (Prior Auth Obtained – Non Formulary) on Box 23 (if applicable)
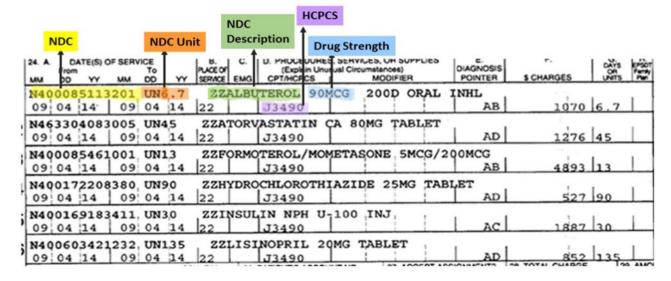
Mail paper claims to:
VHA Office of Community Care
P.O. Box 30780
Tampa, FL 33630-3780

CMS 1500 (paper) and 837P (EDI) claim requirements
Pharmacy –
- HCPCS code – J3490
- Filling date
- Number of days supplied
- Quantity of drug
- Prescription number
- Doctor's name and address
- Generic drug name and strength
- Amount paid by other health plans/retail drug price
- National Drug Code (NDC) and description
- NDC unit/basis of measurement:
  (Qualifier examples: F2-intertional unit/ ME- milligram/ ML- milliliter/ GR – gram/ UN- unit)
- Controlled substances must list a Drug Enforcement Administration (DEA) physician number
- VA Non-Formulary Approval notice annotate PAO NF (Prior Auth Obtained – Non Formulary) if applicable

CMS 1500 pharmacy paper claim example

837P pharmacy EDI example
LX*1~
SV1*HC: J3490*82.56*UN*30***1:2~ (HCPCS; NDC units)
DTP*472*D8*20191108~
DTP*471*D8*20191115~
REF*6R*000000469185230001~
NTE*ADD* (NDC description/drug name)---(days' supply)~
LIN**N4*76282042290~ (NDC code)
CTP****30*UN~ (NDC units)
REF*XZ*1701092~ (prescription number)

Additional EDI claim requirements
1) SSNs in the NM1*IL Subscriber X12 segment must be 9 digits with no dashes or other characters.
2) Provider Tax IDs must be exactly 9 digits with no extra characters.

For Alaska THP Providers:
Alaska THP claims must be identified as either Native Veteran (THP 463 AIAN) or Non Native Veteran (THP 463) in both the paper and EDI pharmacy claims. Please refer to the Tribal Sharing Guidebook http://www.alaska.va.gov/About/vendors.asp for requirements and details.

Check Claim Status
1) **Phone:** 877-881-7618 Monday through Friday, 6 a.m. to 4:45 p.m., MT. Use the Vancouver zip code of 98661.
2) **Online:** VA Customer Engagement Portal (CEP). IHS/THP providers must register in CEP at https://www.cep.fsc.va.gov/ to view VA claim and payment status.
3) **Website:** VA Provider Profile website allows registered IHS/THP providers to research paid claims and the Explanation of Payment (EOP). Providers must register at https://www.vahcps.fsc.va.gov/Login.aspx
4) **Email:** Northwest Region POM – IHS/THP claims processing department at VHA13D01POMNWIHSTHPSupport@va.gov

Resources
For more information visit VHA Office of Community Care
VA-IHS/THP Reimbursement Agreements Team tribal.agreements@va.gov