



# Camp Lejeune Family Member Program (CLFMP)

## Information for Outpatient Providers and Office Managers

### What is the Camp Lejeune Family Member Program?

From August 1, 1953 thru December 31, 1987, Veterans and family members living or serving at U.S. Marine Corps Base Camp Lejeune in North Carolina were potentially exposed to drinking water contaminated with chemicals known as volatile organic compounds, including industrial solvents and components of fuels.

On August 6, 2012, President Obama signed into law the *Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012*. For Veterans on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, this law provides VA hospital care and medical services, at no cost, for 15 specific medical conditions. VA will also reimburse qualified family members as the last payer of medical claims for the following 15 illnesses or conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung Cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

### What is covered under the CLFMP?

The CLFMP covers treatment costs for one or more of the primary medical conditions listed in the law. Also covered are associated medical conditions that are caused or exacerbated by the listed conditions. (Example: hip fracture secondary to spread of breast cancer into the bones.)

Any claims submitted under this program must be for one or more of these 15 medical conditions or an associated condition. The International Classification of Diseases (ICD) code(s) must be included on the medical claim form if the treatment is for a CLFMP covered condition.

*NOTE: As the last payer of medical claims, all other health insurance (OHI) coverage must be exhausted prior to submitting a claim for reimbursement under this program.*

### Is preauthorization required for services?

Preauthorization is not required, but you should only bill the CLFMP for services related to treatment of the 15 covered conditions. There is a pharmacy formulary on the CLFMP website, <https://www.cfamilymembers.fsc.va.gov>, that can be viewed prior to issuing prescriptions.

### Is there a contract or agreement I must sign to accept/participate in the CLFMP?

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



## How do I get a claim paid?

The CLFMP accepts electronically submitted 837 claim transactions including 837 Institutional, 837 Professional, and 837 Dental transactions. Transactions are accepted from providers for medical services and supplies provided in the United States, a U.S. Commonwealth or U.S. territories.

Effective March 21, 2023, providers should submit claims to the new clearinghouse (PNT) at :

Customer support for PNT is:  
support@pntdata.com  
Phone 860.257.2030.

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

U.S. Department of Veterans Affairs  
Financial Services Center  
PO Box 149200  
Austin, TX 78714-9200

*NOTE: If the family member has OHI, the OHI must be billed first. The explanation of benefits from the OHI should be submitted with the claim for reimbursement to the CLFMP. By law, the CLFMP is always the last payer.*

If you need assistance, the CLFMP customer service phone number is 1-866-372-1144; the fax number is 512-460-5536.

## What does the CLFMP pay and how fast does it pay?

In most cases, the CLFMP pays equivalent to Medicare allowable charges.

The CLFMP goal is to pay 98% of medical care and hospital service claims within 30 days. Electronic claims are paid faster than paper claims.