

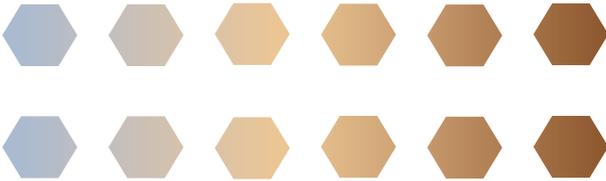
**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Office of Community Care

# How to File a CHAMPVA Claim



## Claim Filing Instructions

We encourage beneficiaries to have their health care providers file claims directly with CHAMPVA as providers are more likely to submit all the information necessary for CHAMPVA to process claims.

CHAMPVA will provide beneficiaries with an explanation of benefits (EOB) indicating how payment on the claim was determined and the beneficiary's cost share amount.

- The patient's name must be listed on the claim form exactly as it is shown on the CHAMPVA Identification Card.
- The patient's Social Security number (SSN) must be on the claim form. DO NOT use the Veteran's SSN.
- A separate CHAMPVA Claim Form, VA Form 10-7959a, is required for each patient/beneficiary, even for members of the same family. If family members have similar first and last names, please spell out the middle name on the claim form.
- Claims cannot be processed without a CHAMPVA Claim Form. If you do not use VA Form 10-7959a, the health care provider will be paid directly.
- Be sure to sign and date the claim form. We cannot process an unsigned claim form.
- For inpatient hospitalizations, payment will be made to the hospital, whether or not you submit the bill.
- Keep copies of all receipts, invoices and other associated paperwork.

## Claims Submitted to CHAMPVA Must Include:

- A completed, signed and dated CHAMPVA Claim Form (beneficiaries only)
- Itemized billing statement(s) are required and should be submitted electronically or on a standardized paper form (*CMS-1500 or UB-04*). The following information must be provided:
  - ~ Full name, address, and Tax Identification number of the provider
  - ~ Address where payment is to be sent
  - ~ Address where services were provided
  - ~ Provider professional status (doctor, nurse, physician assistant, etc.)
  - ~ Specific date of each service provided. *Date ranges are acceptable only when they match the number of services/units of services.*
  - ~ Itemized charges for each service
  - ~ Appropriate diagnosis/procedure codes (ICD-9, CPT, HCPCS) for each service
- If other health insurance (OHI) was billed, provide a copy of the EOB detailing what was paid including remark/reason codes.

## Pharmacy Claims

CHAMPVA beneficiaries who do not have OHI with pharmacy benefits (including Medicare Part D) should consider joining Meds by Mail. Meds by Mail provides a safe and convenient way to receive nonurgent (maintenance) medications delivered directly to your home with no cost share. Contact CHAMPVA for information.

If you use a pharmacy to obtain your medications, ask your pharmacy if they will file the claim for you. Most pharmacies submit claims to CHAMPVA electronically.

The following information is required for any pharmacy claim:

- Invoice/billing statement that includes the pharmacy name, address and phone number
- Name of prescribing physician
- Name, strength and quantity for each drug
- Eleven-digit National Drug Code for each drug
- Charge for each drug
- Date prescription was filled

When using an OputmRx pharmacy card at the local retail pharmacy, the patient will be responsible for their 25% cost share for the prescription. CHAMPVA then pays the pharmacy for the remainder of the charge. Do not send a claim for reimbursement of the cost share amount. This is the patient responsibility.

If CHAMPVA is your secondary pharmacy coverage, you may not pay a cost share. The pharmacy will bill your primary insurance and then bill CHAMPVA, all electronically.

## Filing Claims

### Claims Deadlines

Claims must be received within one year from the date of service or one year from the date of discharge from an inpatient facility. Claims sent after the filing deadline will be denied.

The image shows a sample of the CHAMPVA Claim Form (VA Form 10-7959a). The form is titled "CHAMPVA Claim Form" and includes fields for patient information, provider information, and other health insurance information. It also contains instructions and a "Check if new" checkbox.

**VA Health Administration Center** CHAMPVA PO Box 469064 Denver CO 80246-9064 1-800-733-8387

**Attention:** After reviewing the following information, complete the form in its entirety (print or type only) and return with the required documentation.

**Claim form usage:** This form is to be completed by the patient, sponsor, or guardian and is mandatory for all beneficiary claims. This claim form is NOT to be used for provider submitted claims.

**Other health insurance (OHI):** If OHI exists, attach OHI's Explanation of Benefits (EOB) to the provider's itemized billing statement(s). Dates of service and provider charges on EOB must match billing statements.

**Timely filing requirement:** Claims must be received no later than one year after the date of service or, in the case of inpatient care, within one year of the discharge date.

**Itemized billing statements:** An itemized statement must be attached and contain:

- patient name, date of birth, and CHAMPVA Identification Card (ID-Card) Member Number (same as patient's Social Security number);
- provider name, degree, tax identification number (TIN), address and telephone number; and
- service dates, itemized charges and appropriate procedure/diagnosis codes for each service (i.e. CPT-4, HCPCS, and ICD-9-CM codes), including narrative descriptions. Pharmacy claims are to include name, quantity, strength, and NDC of each drug.

**Section I - Patient Information**

Last Name (this is a mandatory field) First Name (this is a mandatory field) MI CHAMPVA Member Number (this is a mandatory field)

Street Address Date of Birth (mm/dd/yyyy)

City State ZIP Code Telephone Number (include area code)

Check if new

**Section II - Other Health Insurance (OHI) Information**

By law, other coverage must be reported. Except for CHAMPVA, if more spaces are needed, attach a separate sheet.

\* Was treatment for a work-related injury?  Yes  No

## Electronic Claims

CHAMPVA can accept HIPAA-compliant electronic 837 Institutional, Professional and Dental claims from health care providers through Change Healthcare at <https://www.changehealthcare.com/support/customer-resources/payer-lists>. After opening the Change Healthcare page click on "Change Healthcare Payer List". Search on the "Payer ID" your company is interested in claims for.

To submit electronic claims, please use our Change Healthcare payer ID numbers: 84146 for medical claims and 84147 for dental claims. A provider that is not connected to Change Healthcare should ask their clearinghouse whether our payer IDs have been added to their system.

Claims sent by your provider to Medicare via electronic data interchange will be electronically forwarded to CHAMPVA for those CHAMPVA beneficiaries who have Medicare Parts A and B. Please ensure that OHI information, including Medicare information, on file with CHAMPVA is accurate to avoid payment delays or non-payment of claims.

Providers can submit appropriate documentation that is relevant to services being reported on an EDI claim for medical treatment. More information on electronic attachments can be found here: [https://www.va.gov/communitycare/docs/pubfiles/factsheets/FactSheet\\_20-34.pdf](https://www.va.gov/communitycare/docs/pubfiles/factsheets/FactSheet_20-34.pdf).

CHAMPVA can also receive electronic retail pharmacy claims for our beneficiaries through OptumRx. If a provider is not part of the OptumRx network and is interested in learning more, the provider may contact the OptumRx Provider Network Line at (480) 362-5227.

Please remember that for all VHA Office of Community Care programs, the beneficiary is

always the subscriber. Please ensure the claim uses the first and last name as it appears on the patient's CHAMPVA ID card, and includes the Member ID (patient's SSN).

### Mail Claims

Claims can be mailed to CHAMPVA at:

Department of Veterans Affairs  
Office of Community Care  
CHAMPVA  
PO Box 469063  
Denver CO 80246-9063

### Where to Obtain Forms

You can request additional claim forms at any time (including evenings and weekends).

- Call 1-800-733-8387 and select the claim form option from our Interactive Voice Response (IVR) system.
- Visit the VHA Office of Community Care website at <https://www.va.gov/communitycare/pubs/forms.asp> to download all CHAMPVA forms.

### Contact Information

Send your correspondence to:

Department of Veterans Affairs  
Office of Community Care  
CHAMPVA  
PO Box 469028  
Denver CO 80246-9028

You can submit questions, obtain pre-authorization, ask about eligibility or check the status of a claim via the Inquiry Routing & Information System (IRIS) at <https://iris.custhelp.com>. Click on the "Ask a Question" link and complete the electronic inquiry form.

You can also visit the VHA Office of Community Care website at <https://www.va.gov/communitycare/pubs/factsheets.asp> for fact sheets containing information regarding the CHAMPVA program.

### Ways to Expedite Claim Processing:

- Ensure medical providers are billing with the correct information:
  - Name, social security number and date of birth of the person receiving medical services is on the claim
  - Supporting documents submitted with the claim must clearly show patient information that matches the information on the claim form
  - Spell out the middle name if two or more family members have similar first and last names
- When submitting pharmacy summaries, your pharmacy can provide a printout of all medications for the date range you specify
- AVOID using staples, tape, paper clips or sticky notes on documents. These items may cause damage to the equipment used to scan your claim(s), and thus delay your claim.
- It is more efficient to process your claims if all submitted documents are copied or printed on standard size, 8½ by 11 in. paper
  - If a document is small, frayed or torn, make a copy of the information on standard size paper
  - If it is necessary to submit prescription labels, send copies on standard size paper
  - Print legibly and make sure text is not too light. Dark text improves accurate scanning of the data.
- Use caution when marking text with highlighters; dark-colored highlighters tend to distort or black out text.

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