

- When using an SXC pharmacy card at a retail network pharmacy, the patient will be charged a 25% cost share when paying for the prescription. CHAMPVA then pays the pharmacy for the remainder of the charge. Do not send CHAMPVA a claim for reimbursement of the cost share amount. This is the patient's responsibility.



## Filing 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.

## Electronic Claims

The HAC can accept HIPAA-compliant electronic 837 Institutional, Professional and Dental claims from health care providers through our clearinghouse, Emdeon®.

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

Go to **[www.emdeon.com/payerlists](http://www.emdeon.com/payerlists)** if you are interested in submitting claims through Emdeon.

Claims sent to Medicare via electronic data interchange may be electronically forwarded to the HAC for those CHAMPVA beneficiaries who have Medicare parts A & B. The provider's valid health insurance claim number must be on file with the HAC for the claims to be automatically forwarded.

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

Please remember that for all HAC programs, the beneficiary is always the subscriber. Please ensure that your claim uses the first and last name as it appears on the patient's CHAMPVA

identification card, and include the Member ID (patient's SSN).

## Where to File Claims and Obtain Forms

Claims (bills for services and supplies) can be mailed to the Health Administration Center at our address (below). Claim forms and other information can be obtained from the HAC at:

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

Phone: **1-800-733-8387** (to order forms, obtain pre-authorization, ask about eligibility or check the status of a claim).

E-mail: Go to **[www.va.gov/hac/contact](http://www.va.gov/hac/contact)** and follow directions for sending e-mail via IRIS.

Website: **[www.va.gov/hac](http://www.va.gov/hac)** (for forms, CHAMPVA information and provider news).



How to File a  
CHAMPVA Claim







# Claim Filing Instructions

## General Claim Filing Instructions

This brochure explains how CHAMPVA beneficiaries and their health care providers can get claims paid for services and supplies.

- We encourage beneficiaries to have their provider of health care services file claims directly with CHAMPVA. Providers are more likely to submit all necessary information for CHAMPVA to process claims. CHAMPVA will then 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 on the CHAMPVA identification card.

- The patient's Social Security number must be on the claim. DO NOT use the Veteran's Social Security number.
- Keep copies of all receipts, invoices and other associated paperwork.

## Claims Submitted by the Beneficiary Must Include the Following:

- A completed, signed and dated CHAMPVA Claim Form, VA Form 10-7959a. Your claim cannot be processed without this completed form. (The last panel of this brochure explains where to obtain forms).
- The provider's itemized billing statement, which should include all the information listed under the "Claims Submitted by the Provider" section of this brochure.
- When you have other health insurance (OHI), an EOB from the other health insurer.

## Claims Submitted by the Provider Must Include the Following:

- An itemized billing statement sent electronically or on a standardized paper form (CMS-1500 or UB-04) containing the following information:
  - 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 and procedure codes (ICD-9, CPT, HCPCS) for each service.
- If OHI was billed, provide a copy of the EOB, to include remark/reason codes.

## Pharmacy Claims

CHAMPVA beneficiaries who do not have other health insurance with pharmacy benefits, including Medicare Part D, should consider joining Meds by Mail. Meds by Mail provides a safe and convenient way for you to receive nonurgent (maintenance) medications delivered directly to your home with no cost share. Contact the Health Administration Center (HAC) for information. (See the last panel of this brochure for contact 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, whether it is submitted electronically or on paper:

- An invoice/billing statement that includes:
  - Name, address and phone number of the pharmacy.
  - Name of prescribing physician.
  - Name, strength and quantity for each drug.
  - 11-digit National Drug Code (NDC) for each drug.
  - Charge for each drug.
  - Date prescription was filled.
  - Note: Ask your pharmacist to provide you with a signed printout showing all of the necessary information.