

- If the billing is submitted by you, also provide the sales receipt (cash register receipt) with the date and dollar amount that corresponds to the date and dollar amount on the pharmacy invoice/billing statement, or a signed statement from the pharmacy noting the date and amount of payment.

Where to Mail Claims

Mail claims to:

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

Filing Deadlines

You have one year after the date of service in which to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the filing deadline will be denied.

Electronic Claims

We encourage you to submit electronic claims through our clearinghouse, Emdeon™.

Our EDI payer ID number at Emdeon™ is 84146 for medical claims and 84147 for dental claims.



How to Get Additional Claim Forms

Additional claim forms can be requested at any time (including evenings and weekends) by calling us at 1-800-733-8387 and selecting the claim form option from our voice mail menu. You can also email your request to us by going to this web link and follow the directions for submitting secure email: <http://www.va.gov/hac/contact> You can also print a copy of the claim form from our website at www.va.gov/hac



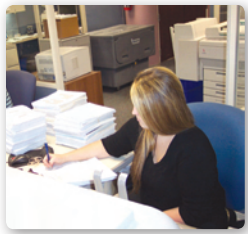
How to File a CHAMPVA Claim

CHAMPVA

Department of Veterans Affairs
Health Administration Center
CHAMPVA
PO Box 469063
Denver CO 80246-9063



Claim Filing Instructions



General Claim Filing Instructions

Claims (bills for services) are to be sent to:

CHAMPVA
PO Box 469064
Denver CO 80246-9064

- Patient name must be listed on the claim form exactly as it is on the CHAMPVA Authorization Card.
- Patient Social Security number must be on the claim. **DO NOT USE** the veteran's Social Security number.
- Keep copies of all receipts, invoices etc.
- Separate claim forms are required for each patient.
- If you do not complete CHAMPVA Claim Form VA Form 10-7959a, payment will be made directly to the health care provider instead of the patient.

- For inpatient hospitalizations, payment will always be made to the hospital whether or not the patient submits the billing.

Claims Submitted by the Beneficiary

Claims submitted by you must include the following:

- CHAMPVA Claim Form, VA Form 10-7959a,
- The provider's itemized billing statement, which should include all the information listed under *Claims Submitted by the Provider*, and
- Explanation of benefits (EOB) if other insurance was billed.



Claims Submitted by the Provider

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. 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 code (ICD-9, CPT, HCPCS) for each service.
- If other health insurance was billed, provide a copy of their EOB, detailing what they paid. Sometimes the definition/explanation of their codes is on the reverse of their EOB (please include a copy of that as well).

Pharmacy Claims

Most pharmacies submit claims to CHAMPVA electronically. The following information



is required for pharmacy claims, regardless of whether submitted electronically or on paper and regardless of whether

submitted by the pharmacy or by you:

- An invoice/billing statement that includes:
 - Name, address and phone number of the pharmacy.
 - Name of prescribing physician.
 - Name, strength, quantity for each drug.
 - 11-digit **National Drug Code** (NDC) for each drug
 - Charge for each drug.
 - Date prescription was filled.