

VA

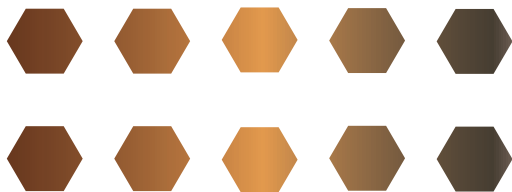


U.S. Department of Veterans Affairs

Veterans Health Administration  
Office of Community Care

# Claim filing instructions for new CHAMPVA beneficiaries

CHAMPVA



## Claim filing instructions for new CHAMPVA beneficiaries

Once enrolled in CHAMPVA, you will have 180 days from the date on your welcome letter to file for reimbursement of the money you have paid for covered medical and pharmacy expenses you incurred beginning with your CHAMPVA effective date, which is printed on your CHAMPVA Identification Card. (Please note: CHAMPVA does not reimburse for insurance premiums.)

## Claims submitted to CHAMPVA must include the following:

### Medical Claims

(Please retain a copy of all documents submitted to CHAMPVA.)

CHAMPVA Claim Form, *VA Form 10-7959a\**:

- ~ Your name must be listed on the claim form exactly as it is on your CHAMPVA Identification Card.
- ~ Separate signed and dated claim forms are required for each patient/beneficiary, even if they are members of the same family.
- ~ If you fail to complete *VA Form 10-7959a\**, your health care provider will be paid directly.
- Itemized bill(s) from your provider are required. We encourage beneficiaries to have their provider(s) file claims directly with CHAMPVA. Providers are more likely to submit all necessary information for CHAMPVA to process claims. Claims should be submitted electronically or on a standardized paper form (HCFA-1500, CMS-1500, UB-92 or UB-04).

The following information must be provided on the forms:

- ~ Your Social Security number (SSN) must be on the claim (**DO NOT USE** the qualifying Veteran's SSN)
- ~ Full name, address, and Tax Identification Number (TIN) 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
- ~ Itemized charges for each service
- ~ Appropriate diagnosis and procedure codes (DX, CPT, HCPCS) for each service

- If you have other health insurance, a copy of their Explanation of Benefits (EOB) detailing what they paid. [Please note: our mailroom equipment will only scan one side of the page. If important information is on the back of a page (processing remark codes), please photocopy the back page to include with submission].

**Note:** Ask your medical provider(s) for itemized bill(s). The patient copy of the bill is often missing critical information required by CHAMPVA to process claims. Take a copy of this brochure to ensure that you obtain all of the necessary processing information.

Jupiter Images/  
Polka Dot/  
Getty Images



## Pharmacy Claims

Please retain a copy of all documents submitted to CHAMPVA:

- CHAMPVA Claim Form, *VA Form 10-7959a\**:
  - ~ Your name must be listed on the claim form exactly as it is on the CHAMPVA Identification Card.
  - ~ Separate signed and dated CHAMPVA claim forms are required for each patient/beneficiary, even if they are members of the same family.
  - ~ If you fail to complete the *VA Form 10-7959a\**, your health care provider will be paid directly.
- An invoice/bill that includes:
  - ~ Name, address, and phone number of the pharmacy
  - ~ Name of prescribing physician
  - ~ Name, strength, and quantity for each drug
    - ~ Eleven-digit National Drug Code (NDC) for each drug (Please note that the "NDC" number is not the same as the "RX" number.)
    - ~ Charge for each drug
    - ~ Co-payment for each drug
    - ~ Date prescription was filled

**Note:** Ask your pharmacist to provide you with a printout of the necessary information requested. Take a copy of this brochure with you as reference material.

## Where to Mail Claims

VHA Office of  
Community Care  
CHAMPVA  
PO Box 469064  
Denver, CO  
80246-9064

## \* How to Get Additional Claim Forms

You can request additional CHAMPVA Claim Forms, **VA Form 10-7959a** (<http://www.va.gov/vaforms/medical/pdf/vha-10-7959a-fill.pdf>), at any time (including evenings and weekends) by calling us at 1-800-733-8387 and selecting the claim form option from our Interactive Voice Response (IVR) system.

You can also visit our website at <http://www.va.gov/purchasedcare/pubs/forms.asp>

### What Should I Expect Next?

CHAMPVA normally pays claims within 30–60 days **from the date the claim was received**. If you have not received payment or claim status within this time frame, please contact CHAMPVA Customer Service by calling 1-800-733-8387 before resubmitting your claims.

If you receive a reply from CHAMPVA requesting additional information to complete the processing of the claim, please send the missing information to CHAMPVA and include:

- A copy of the response you received from CHAMPVA (a letter or an EOB)
- The documents sent in your original claim

C

H

A

M

P

V

A