

**What is CHAMPVA?**

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries. CHAMPVA is managed by the VHA Office of Community Care (VHA CC) in Denver, Colorado, which processes CHAMPVA applications and medical claims, verifies eligibility and authorizes benefits.

**How does CHAMPVA relate to TRICARE?**

Both are federal programs, however, an individual who is eligible for TRICARE is **not** eligible for CHAMPVA. Although similar, TRICARE (formerly CHAMPUS), which is administered by the Department of Defense, should not be confused with CHAMPVA. TRICARE provides coverage to the families of active duty service members, families of service members who died while on active duty and retirees and their families, whether or not the Veteran is disabled.

**Is preauthorization required for services?**

Certain types of care/services require advance approval, commonly known as preauthorization. Preauthorization is extremely important and the failure to obtain it may result in denial of the claim. Preauthorization is required for:

- Durable medical equipment with a purchase price or total rental price of \$2,000 or more
- Mental health/substance abuse services (see *Fact Sheet 01-08: CHAMPVA Mental Health and Substance Use Disorder Benefits* for more information)
- Organ and bone marrow transplants
- Dental procedures that are directly related to covered medical conditions

Approvals for referrals to specialists or for diagnostic tests are not required as long as they are medically necessary.

**Are dental procedures covered under CHAMPVA?**

With very few exceptions, dental care is not a covered benefit. There may be times when dental care is covered, but in all cases, preauthorization is required. An example of when dental care is covered would be for a dental condition resulting from the treatment of an otherwise covered medical condition (not dental), such as radiation therapy for oral or facial cancer.

**Are case management and utilization reviews performed?**

Yes, clinical claim reviews are performed for a variety of medical services including physical, occupational and speech therapies, home health, skilled nursing, rehabilitation and use of controlled substances. Simply submit the medical documentation along with your claim. Utilization reviews are also performed for services requiring preauthorization.

**Is there a contract or agreement that I must sign to accept/participate in CHAMPVA?**

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

**Do I have to accept the CHAMPVA allowable rate?**

Yes, under Title 38 CFR, Section 17.272(b) (3) and (4), providers who agree to accept the beneficiary must accept the CHAMPVA allowable charges and cannot balance bill the beneficiary. The sole exception is when the beneficiary is notified prior to any services being rendered that you do not accept CHAMPVA and the beneficiary must pay the entire billed amount up front and file the claim to CHAMPVA.

**How do I get a claim paid?**

VHA CC accepts electronically submitted 837 claim transactions. These include the 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.

You must submit electronic claims through our clearinghouse, Emdeon. Our Payer ID number is 84146 for medical claims and 84147 for dental claims. You can also check medical claim status and eligibility status through Emdeon using the 276 and 270 HIPAA transactions, respectively.

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 CHAMPVA is:

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

If the beneficiary has other health insurance (OHI), the OHI should be billed first. The explanation of benefits

(EOB) from the OHI should be submitted with the claim for reimbursement to CHAMPVA. By law, CHAMPVA is always the secondary payer, except to Medicaid, Indian Health Service, State Victims of Crime Compensation Programs and supplemental CHAMPVA policies.

As of September 27, 2010, we can receive Medicare Cross-over Part A and B, and DMERC claims for CHAMPVA beneficiaries. If your patient is a Medicare beneficiary and we have the Medicare Health Insurance Claim number (HICN) on file, the claim will be forwarded electronically to CHAMPVA. Review your electronic remittance advice from Medicare to determine if the claim has been forwarded to us.

**What does CHAMPVA pay and how fast does it pay?**

In most cases, CHAMPVA pays equivalent to Medicare and TRICARE allowable charges. CHAMPVA has an outpatient deductible (\$50 per person up to \$100 per family per calendar year) and a cost share of 25%. You should collect the 25% allowable cost share from the patient, except when the patient has other health insurance. If the beneficiary has OHI, CHAMPVA pays the lesser of either 100% of the allowable amount or the remainder of the charges, and the beneficiary will normally have no cost share.

CHAMPVA normally pays 95% of claims within 30 days. Electronic claims are paid faster than paper claims. To help us process claims in a timely manner, submit the patient name exactly as it is shown on the CHAMPVA Identification Card. If different names are used, it will cause a delay in the handling of claims.

**Are there special considerations for Ambulatory Surgery Centers?**

Yes, they must have Medicare approval to perform the specific procedure at free-standing surgical centers. For a listing by procedure of those services that are approved to be performed in a free-standing ambulatory setting, refer to the CHAMPVA Policy Manual, Chapter 3, Section 7.1 and addendums on our website listed below.

**How do I know if someone is CHAMPVA eligible?**

Every CHAMPVA beneficiary has a CHAMPVA Identification Card that looks like the sample shown on this page. You may recertify eligibility through our contact center by talking to a agent or by using your phone’s keypad to input

the patient’s Social Security number into our Interactive Voice Response system. We also accept EDI requests to validate eligibility through our clearinghouse, Emdeon, using the HIPAA 270 transaction.

**How do I get more information?**

- Mail: VHA Office of Community Care  
CHAMPVA  
PO Box 469063  
Denver, CO 80246-9063
- Phone: 1-800-733-8387, Monday-Friday  
8:05 a.m. to 7:30 p.m., Eastern Standard Time
- Email: Follow the directions for submitting email via IRIS at <https://iris.custhelp.com/app/ask>
- Website: <http://www.va.gov/purchasedcare/>

**Sample CHAMPVA ID Card**

<b>VA</b>		U.S. Department of Veterans Affairs	<b>Open Access</b> <b>No Referral Required</b>
		Veterans Health Administration Office of Community Care CHAMPVA	
Beneficiary Name <b>PATIENT NAME</b>			
Include this <u>Member Number</u> on all claims and letters <b>PATIENT SSN</b>			
<b>This is your Identification Card</b>			
Effective Date <b>DATE</b>	Expiration Date <b>DATE</b>	<b>CHAMPVA</b> 1-800-733-8387 <a href="http://www.va.gov/hac">www.va.gov/hac</a>	

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CHAMPVA pays after most other health plans. Include an explanation of benefits from other insurers. CHAMPVA is primary to Medicaid.

**Once you become eligible for Medicare part A, you must obtain and maintain Medicare part B to remain eligible for CHAMPVA.**

**For Electronic Claims Filing** please follow the instructions at <http://www.va.gov/purchasedcare/programs/providerinfo/> under *Claims Information—Electronic Claims Information*

**For Mental Health/Substance Abuse Authorization**  
Call 1-800-424-4018—Authorization is required:

- After 23 outpatient mental health visits in a calendar year
- For all other mental health/substance abuse services

**For Durable Medical Equipment (DME) Authorization**  
Call 1-800-733-8387—Authorization is required:

- For DME purchase or rental over \$2,000

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