Claims Submission

Quick Reference Guide

Key Points

- Providers are required to include the Department of Veterans Affairs (VA) referral/authorization number with all VA Community Care Network (CCN) submissions. All claims submitted without a VA referral/authorization number will be rejected. The only exception is urgent care.
- Providers should submit claims within 30 days after rendering services. There is a 180-day timely filing limit.
- Providers are required to share the VA referral/authorization number with the ancillary providers included in a Veteran's episode of care. The ancillary provider is also required to use this same VA referral/authorization number when submitting their claim for the specific episode of care.
- Providers should not collect copays, cost-shares or deductibles. CCN reimburses up to 100% of the allowed amount, including any patient obligation.
- Payments made by VA shall be considered payment in full under CCN. Providers may not impose additional charges to TriWest or the Veteran for covered services.
- TriWest can process claims for out-of-network providers if the service is ancillary to the care associated with an approved referral/authorization (ex. radiology, pathology, anesthesiology).
- For CCN, TriWest follows Medicare Fee-for-Service billing guidelines, fee schedules and payment methodology when applicable.

Timely Filing Requirements

- Providers should strive to submit claims within 30 days of rendering services. Adhering to this recommendation will help increase provider offices' cash flow.
- CCN claims have a timely filing requirement of 180 days from the date of service or date of discharge.
- Claim reconsiderations must be submitted within 90 days of the claim's processing date.
- Corrected claims must be submitted within 365 days of the last processed claim determination date.

Claims Submission Options

Electronic submission is encouraged; however, paper claims can be accepted and scanned for electronic processing. Paper claims must be clear and legible or they may be rejected. TriWest, on behalf of VA, is the payer for authorized claims associated with an approved referral/authorization filed under CCN. PGBA processes these claims on TriWest's behalf.

- If you submit electronically through a clearinghouse, please use the PGBA payer ID of TWVACCN.
- Some clearinghouses cannot accept a payer ID format of more than 5 characters, while some have elected to create their own proprietary payer ID for TriWest VA CCN claims.

- If you are not certain that you have the correct payer ID, please confirm with your clearinghouse and ensure they are set up to use the correct TriWest EIN:
  - 841160004 for CCN Region 4 (Western US states)
  - 841160005 for CCN Region 5 (Alaska)
  - 841160006 for U.S. Pacific Territories
- We are aware of the following clearinghouses, offering proprietary payer IDs, however please confirm with your clearinghouse before using the payer IDs listed below.
  - Experian – VACCN4 & VACCN5
  - Trizetto – VTW4A, VTW5A & TWCCN
  - Change Healthcare – TWVA4 & TWVA4P
  - Office Ally – VAC45
- To enroll in EDI claims submission, log in to the TriWest Payer Space on Availity.com. Click on the Resources tab, select the PGBA EDI Provider Trading Partner Agreement, complete the forms and follow the instructions to submit them by either fax or mail.

Providers can submit electronic claims without a clearinghouse account. New direct submitters must file a trading partner agreement to be assigned a submitter ID. The EDI Gateway User manual provides the information you will need to determine if direct submissions are the right option for you. Contact the PGBA EDI Help Desk at 800-259-0264, or email PGBA.EDI@pgba.com to request a copy of the EDI Gateway User manual.

- You can also mail your claims to:
  TriWest VA CCN Claims
  PO Box 108851
  Florence, SC 29502-8851
- Receive EFT payments with Electronic Enrollment. Use the secure app on the Availity Essentials page to being the enrollment process.

Clean Claim Requirements

- The VA referral/authorization number is the unique identifier assigned for each approved referral/authorization's episode of care. TriWest requires that you include this number on your claim or your claim will be denied.
- It is important that you properly submit claims to PGBA with the following documentation, and in the correct format:
  - VA referral number AND one of the following:
    - 10-digit Electronic Data Interchange Personal Identifier (EDIPI)
    - 17-digit Master Veteran Index (MVI) ICN
    - Social Security number (SSN)
    - Last 4 digits for SSN with preceding 5 zeros (i.e., 00000XXXX)
  - The VA referral/authorization number should be inserted in the following claim forms in specific locations:
    - CMS 1500: Box 23 Prior Authorization Number field
    - CMS UB04: Box 63 Treatment Authorization Codes field
  - EDI – two options:
    - 2300 – REF (G1) Prior Authorization
    - 2300 – REF (9F) Referral Number
- It is extremely important that you do not use any extra characters, spaces, or words with the

referral/authorization number or the claim will deny.
  - For example, if the correct referral/authorization number is VA0001234567, referral numbers included in the following format would be denied:
    - Auth VA0001234567
    - Auth # VA0001234567
    - Ref VA0001234567
    - Ref # VA0001234567
    - VA 0001234567
- Please include a Type 2 (organization) NPI on all claims in box 33 as the billing provider, and the Type 1 rendering NPI in Box 24J. If you are a solo practitioner without an organizational NPI, please use your individual NPI as the billing entity in box 33a only.
- Ensure all coding aligns with Medicare criteria, if applicable. When Medicare policy does not apply, please follow language in your authorization information, VA consult notes, the Provider Handbook or other training materials provided by TriWest and VA.

Helpful Information

- TriWest strives to pay all claims within 30 days.
- At this time, TriWest will not take reductions for penalties associated with Medicare's prompt payment requirements.
- Notification of denial is provided within 45 days of receipt of the claim in our systems.
- Remember, providers are not allowed to balance bill Veterans or TriWest for services provided under the CCN contract, including any remaining balances or after a timely filing denial.

Referral Lookup and Claims Status Check

Providers have the following options to locate referrals and check claims status:

- Utilize our "Self Service Lookup Tool" by navigating to www.triwest.com, select Provider Services, Claims Guidelines, About Claims Guidelines, and click Launch Tool next to "Check Claims Status Online Anytime". This tool is available for use 24/7.
- Visit www.triwest.com, select Provider Services, Claims Guidelines, About Claims Guidelines, and click the Online Claims Inquiry Form button under "Submit Basic Claims Inquiries to TriWest". Email completed forms to claimsinquiriesform@triwest.com.
- Access the "Chat with TriWest" tool by logging onto Availity, navigate to TriWest's Payer Space, select the "Applications" tab, and choose "Chat with TriWest". Chat online with a live agent Monday-Friday from 8 a.m. to 6 p.m. in your local time zone.
- Call TriWest Claims Customer Service at 877-CCN-TRIW (877-226-8749)

If your claims show as paid, but you have not received a remittance, please contact TriWest Customer Service at 877-CCN-TRIW (877-226-8749) so that we can verify the accuracy of the remit address in our system.

Reconsideration Requests

- If you believe your claim was billed correctly but payment outcome was not as expected, submit a reconsideration request via our "Online Provider Claims Reconsideration Form" by navigating to www.triwest.com, select Provider Services, Claims Guidelines, Provider Claims Reconsideration, and click on Online Provider Claims Reconsideration Form under the submission instructions table.
- When submitting timely filing reconsiderations, please also include valid proof of timely filing to a VA payer (TriWest, Optum, or VA) within 180 days of date of service or date of discharge.

- Please do not submit medical records. If they are needed, TriWest will reach out with instructions for submitting medical records.
- Reconsiderations must be submitted within 90 days of claims processed date or they will be denied.
- Providers must submit a separate request for each disputed item.
- Corrected claims should be submitted directly to PGBA and not sent through the reconsideration process.
- If you have questions, please call Claims Customer Service at 877-226-8749.

Returns and Recoupments

- VA benefits do not coordinate with other federal programs (TRICARE, Medicare, Medicaid, etc.). If a provider has an approved referral/authorization on file from TriWest, the provider should bill TriWest, as TriWest pays primary.
- When TriWest identifies an overpayment, a recoupment is initiated. Your practice receives a letter providing information regarding the reason for recoupment.
- If a provider promptly returns funds, the recoupment case is closed.
- For an overpayment balance, TriWest offsets against current and future claims. Your remittance advice will detail these amounts.
- For overpayments owed to TriWest, send monies to TriWest VACCN, PO Box 108852, Florence, SC 29502-8852. With your submission, you must include a copy of PRA and/or the Refund Control Number (RCN) with the refund.
- To ensure refund credit to the correct claim, include the RCN on your check and/or include a copy of the remittance advice. If the remittance advice is not available, include the claim number and the Veteran's EDIPI number or the last four digits of the SSN and the Veteran's date of birth.

Note: For more detailed information regarding claims submission, please refer to the Claims Basics Quick Reference Guide or the CCN Provider Handbook.