Billing Frequently Asked Questions

I am looking for:

- Resources & Contacts for Billing or Claims Questions
- Information on a Billing Webinar
- Answers to Frequently Asked Questions
- A Matrix of Federal Programs

Resources & Contacts for Billing or Claims Questions

The TriWest Healthcare Alliance (TriWest) Payer Space on Availity® is always available as your one-stop shop for information on filing claims, enrolling in webinars and navigating the Department of Veterans Affairs (VA) community care programs.

TriWest has additional Quick Reference Guides that cover claims and billing - both in general and for certain specialties. You can find these on TriWest's Payer Space on Availity.com:

Provider Claims	ASC Facility Claims
Federally Qualified Health Center Claims	Home Health Care
Chiropractic and Acupuncture	Emergency Health Care

- For claims or reimbursement questions:
  - Call our Patient-Centered Community Care (PC3) number, 855-PCCCVET (855-722-2838) and use the menu to choose "providers" and then "claims" (Option 3 and then Option 3).

Join Us For a Billing Webinar!

View our Webinar Schedule to find the topic, date and time that best fits your practice needs!

Billing Frequently Asked Questions

Frequently Asked Questions

Q: What does TriWest have to do with VA, and why am I receiving authorizations from TriWest?

A: VA contracted with TriWest to administer the Community Care programs, which includes the PC3 program. This means TriWest is responsible building a network, generating authorization letters and paying claims on behalf of VA for these programs. On a location-by-location basis, TriWest may also be responsible for appointing Veterans. To view a matrix of which VAMCs are appointing directly or having TriWest appoint, please see our **Matrix tool**.

For more information on how the authorization and appointing process works, review our **Appointment Scheduling Process Quick Reference Guide**, join us for a live webinar, or review our on-demand eSeminars on Availity.

Q: I am an ancillary provider (e.g., laboratory or X-ray clinic) and received an order for a Veteran. How do I know whether to bill TriWest?

A: Commonly prescribed/ordered ancillary services are considered covered in authorizations. So, if the Veteran is using his or her VA benefits, the authorization for the episode of care includes that range of billable codes for these ancillary services. To submit a claim, just bill TriWest's claims processor PGBAand include the authorization number that was provided to the primary provider (e.g., surgeon, primary care provider, etc.) or Veteran.

If you're not sure, call the prescribing/ordering provider's office to confirm and obtain that authorization number. PGBA will align the service with the authorized episode of care and pay the claim. **Care that is not pre-authorized cannot be paid for by TriWest.**

Q: I need to send my Veteran patient for labs or X-rays. What do I tell the ancillary provider when it comes to billing?

A: Be sure to send the Veteran to a participating ancillary provider and provide a copy of the TriWest authorization you have on file for the Veteran. The laboratory will need to bill PGBA with that authorization number.

Q: I am treating a Veteran at my office. How do I know whether to bill TriWest, VA, TRICARE, Medicare, or Medicaid?

A: Look on the Veteran's authorization letter or information. If it says TriWest, bill TriWest. If it says the Department of Veterans Affairs (VA), bill VA directly. If the authorization or orders came from TRICARE, bill TRICARE. All of these groups have different funding, so billing TriWest for TRICARE is like billing Aetna for a claim for a United beneficiary. If the Veteran does not have an authorization from TriWest, but does have Medicare or Medicaid, then the claims should go in that direction as appropriate.

TriWest pays primary on all care through the VA's Community Care programs. Bottom line, if you have a TriWest authorization on file, bill TriWest by submitting claims on time.

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Q: What is the difference between TRICARE, VA, Medicare, Medicaid, and TriWest?
A: All of these are government programs, but each services a different demographic and pays from different funds. We developed a chart to illustrate the differences between these programs and included it in this document. Access the programs matrix **by clicking here**.

Q: How long do I have to submit my claim to TriWest?
A: Providers should make their best efforts to submit claims within 30 days of rendering services. Initial claims submitted after more than 120-days will be denied for lack of timely filing.

Q: How long does it take to process claims payments?
A: TriWest pays most clean claims within 30 days.

Q: What is the claims submission/billing process for TriWest?
A: VA requires medical documentation to support claims, so TriWest encourages providers to submit all required medical documentation to the VAMC as soon as possible, but no later than 30 days from date of service for initial evaluation or end of episode of care.

- After submitting medical documentation to the authorizing VAMC, submit claims to TriWest's claims processor, PGBA
  - Send claims to PGBA either electronically through your clearinghouse or billing service, or via mail.
  - To enroll in EDI, login 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.
  - Mail paper claims to the following address:
    TriWest VA CCN Claims PO Box 108851, Florence, SC 29502-8851
  - Do not submit any claims forms that have been handwritten. This can create errors and cause a claim to reject out of the system.
    - If you have had paper claims reject out of the system, showing no status in the TriWest Provider Portal, please ensure that you are submitting claims with:
      - A 10-point font with a 10-pitch setting;
      - Courier or Courier New 10 point mono-space font for cleanest scans;
      - No mixed fonts, italic/script fonts percent signs, question marks, or parentheses.
  - Do not submit claims on forms that have been copied or scanned/printed. Incorrect color or incorrect field size creates processing errors and will cause your claim to reject.

Billing Frequently Asked Questions

Q: How do I appeal a claim paid or denied by TriWest?

A: PGBA will process any necessary adjustments of claims originally processed by WPS. Claim reconsiderations can be requested by calling TriWest at 877-226-8749 or can be mailed to:

- TriWest Claims, PO Box 42270, Phoenix AZ 85080-2270.
- Appeals must be submitted within 90 days of receipt of the Explanation of Benefits or Remittance Advice.
- Please submit each appeal separately. Do not combine appeals.

If you are appealing a medical necessity or benefit coverage determination, this must go to the Veteran's VAMC.

Q: I submitted my claim, but it has not paid and I cannot find the status in TriWest's Provider Portal.

A: There are several reasons this may have happened:

- Handwritten paper form. All claims data must be submitted to VA electronically, so a scan of any paper documents is the first step that takes place. If a handwritten claim cannot be scanned, it is rejected and may never show as received.
- Likewise a copied or scanned form – either the CMS 1500 (which is a red form) or the CMS-1450 (also call the UB-04, a black and white form) – cannot be used. These forms are not 100% to scale or the correct color and so create processing errors when scanned.
- TRICARE and TriWest are often confused at the point of billing. Confusion about the difference between VA and Department of Defense (TRICARE) programs is one of the biggest claims errors TriWest sees. Please verify that the authorization for care is from TriWest, not VA or TRICARE, and that the claim was submitted correctly.

Billing Frequently Asked Questions

Federal Programs Matrix of Plans

Plan	Covered Group	Description
Department of Veterans Affairs (VA)	Veterans	Benefit covering those who once served in the military, but have now separated or retired and become Veterans (no longer active duty). They also meet certain eligibility and health criteria. VA benefits fall under the umbrella of the Department of Veterans Affairs, which is separate from the Department of Defense.
TRICARE	Active Duty Service Members, National Guard/ Reserve, and Their Families and Retirees and their families	Civilian network providing health care benefits for active duty Service members, National Guard/Reserve members, and their families when services cannot be provided at a Military Treatment Facility. Military retirees and their families are also TRICARE eligible. TRICARE falls under the Department of Defense and receives its funding through the defense budget.
Medicare	Civilians Ages 65 Years and Older or Disabled	Federal health care benefit available to U.S. civilians who are age 65 and older or qualify on a disability. Many Veterans may have both Medicare and VA benefits.
Medicaid	Financially Disadvantaged	Federal health care program for civilians living at or under the poverty line. The threshold for eligibility varies from state to state. Veterans may have Medicaid in addition to their VA benefits.
TriWest Healthcare Alliance	Veterans Using VA Community Care Programs	Third Party Administrator contracted with VA to administer VA community care programs when VA cannot meet a Veteran's health care needs.

VA benefits function much like a managed Medicaid program. As a result, VA's coverage of a Veteran's care is based on a combination of criteria including service connected injury or illness and financial need. VA determines the Veteran's specific benefit level when he or she enrolls for VA health care benefits. For this reason, providers should always bill TriWest as primary for care authorized by TriWest. Never balance bill a Veteran or collect co-pays, cost-shares, or deductibles. VA bills Veterans directly for his or her out-of-pocket obligation, if any, after the claim has been paid.

If you provide care to a Veteran with a TriWest authorization:

- Don't bill TRICARE.
- Don't bill Medicare.
- Don't bill Medicaid.
- Bill TriWest/PGBA as primary.