

Claims Submission

Quick Reference Guide

Key Points:

- Providers should submit claims within **30 days** after rendering services. There is a **180-day timely filing** limit.
- Providers are required to include the Department of Veterans Affairs (VA) referral/authorization number with all VA Community Care Network (CCN) and Patient-Centered Community Care (PC3) claims submissions. All claims submitted without a VA referral/authorization number will be denied. The only exception is urgent 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 – for example, 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 use their best efforts to submit claims within 30 days of rendering services. Adhering to this recommendation will help increase provider offices' cash flow.
- CCN contractual language limits timely filing of initial claims to 180 days.
- Providers have 90 days to submit a reconsideration request or re-submit a claim.

Claims Submission Options:

All CCN claims process electronically, regardless of the method of submission. **This is a program requirement** and therefore, filing claims electronically is preferred. As a result, if you choose to submit paper claims, they must scan to an electronic format, creating a potential issue for handwritten or manually typed claims. Claims that cannot be scanned cleanly may reject.

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- TriWest, on behalf of VA, is the payer for in-network 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 **TWWACCN**.
- 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 Region 4 (Western US states)
 - 841160005 for Region 5 (Alaska)
 - 841160006 for Region 6 (Pacific Islands)
 - 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, 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.
- 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 mail your claims to:
 - TriWest VA CCN Claims
 - PO Box 108851
 - Florence, SC 29502-8851

Clean Claim Requirements

- In order for a claim to process and pay, TriWest must have visibility to the appointment in our systems.
 - With an Approved Referral/Authorization and appointment confirmation, an authorization notification will be generated to the primary provider.
- 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 claims 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 VA0012345, referral numbers included in the following format would be denied:
 - Auth VA0012345
 - Auth # VA0012345
 - Ref VA0012345
 - Ref # VA0012345
 - VA 0012345
 - VA012345
- 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.
- 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.
- 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.

Claim Status and Reconsideration Requests

Note: TriWest and Availity have enhanced the provider claims search experience by updating the Claim Status functionality. The tool now gives you a more intuitive and robust workflow to check the claim status of your Veteran patients. Login to your Availity account and then click on the Claims & Payments option located on the top-left corner of the main screen. Under Claims & Payments, select the Claim Status option.

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The Claim Status tool allows you to check the status of a submitted claim and view remittances. These improvements include:

- More ways to search and filter results
- The ability to have simultaneous multiple and different search options
- The ability to view multiple claims status simultaneously
- The ability to export search results into a CSV Excel file
- A more detailed “claims status detail view,” allowing providers to see the reason for a claims denial

Providers can also search claims by:

- Member ID
- Tax ID
- Service date
- Claim number

If you have problems checking your claims status, visit [Availity](#) to use the secure "Chat with TriWest" feature, or call TriWest Claims Customer Service at 877-CCN-TRIW (877-226-8749) from 8 a.m. to 6 p.m. in your time zone.

- 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.
 - If your claims show as paid, but you have not received a remittance, please contact TriWest CCN Customer Service at 877 CCN TRIW (877-226-8749) so that we can verify the accuracy of the remit address in our system.
 - Notification of denial is provided within 45 days of receipt of the claim in our systems.
- If your claim was denied because it was sent to another VA payer, requests for reconsideration of claims must be submitted within 180 days of VA’s or VA payer’s denial. Follow these instructions to successfully correct your claims submission:
 - Retain a copy of the remittance advice from original submission to wrong entity. This serves as documentation of timely filing and should be retained to ensure that the original submission date can be confirmed in the event of an audit.
 - If submitting a Paper Claim: Print out and complete the Provider Timely Filing Form on TriWest’s Payer Space on Availity, and submit the Provider Timely Filing Form with your paper claim to PGBA.
 - If submitting an Electronic Claim via EDI: Use an indicator “9” on the 837 in the data element field CLM20 to indicate resubmission for timely filing. The “9” indicator definition is Original Claim rejected or denied for reason unrelated to the billing limitation rules. Claims with the “9” resubmission indicator will bypass automatic timely filing denials.

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- Claims that do not meet the above requirements will be denied. TriWest can no longer accept remittance advice documentation from non-VA payers, such as TRICARE, Medicare, or other health insurers.
- **Remember, providers are not allowed to balance bill Veterans or TriWest for services provided under the Community Care Network contract, including any remaining balances or after a timely filing denial.**
- To submit a request for payment reconsideration, download and fill out TriWest's Claims Reconsideration form, available under the "Resources" tab on the TriWest Payer Space on Availity.
 - Providers must submit separate requests for each disputed item.
 - Reconsideration requests must be submitted within 90 days of the claim processed date as indicated on PRA, as an "unsolicited" claims attachment within Availity. Be sure to include all supporting documentation.

Chat with TriWest

- Providers can check CCN claims status for Veteran patients, 24/7, without waiting for an available customer service representative.
- 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
- Providers will need the following information to check claims status:
 - Tax ID number (TIN)
 - 8-digit Date of Service (DOS) MM/DD/YYYY
 - 8-digit Veteran Date of Birth (DOB) MM/DD/YYYY

Providers have the following three options to check claims status:

- Use the Chat with TriWest feature for automated, self-service claims check, 24/7
- Chat online with a live agent through Availity, Monday-Friday from 8 a.m.-6 p.m. in your time zone for CCN
- Call TriWest at 877-CCN-TRIW (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. **must include copy of PRA and/or the RCN (Refund Control Number) 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](#).

Questions regarding EDI/ERA or EFT?

- PGBA EDI/ERA Help Desk 800-259-0264, Option 1
- PGBA.EDI@pgba.com
- PGBA EFT Customer Service 800-259-0264, Option 3
- Fax forms to: 803-419-3233