

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.

- ➔ 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 Region 4 (Western US states)
 - 841160005 for 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, 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 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 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 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 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.

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.

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 the incorrect VA payer or the VA referral was created after the date of service, and it’s after the 180-day filing deadline, follow these instructions to successfully correct your claims submission:
 - Retain a copy of the remittance advice from original submission to wrong entity (VA or Optum only). 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 Claims Timely Filing Attestation Form on TriWest’s Payer Space on Availity, and submit with your paper claim to the address listed on the form (Florence, SC).
 - 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.

- Claims that do not meet the above requirements will be denied. TriWest can no longer override timely filing for claims that were originally submitted to 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.**
- ➔ If you believe your claim was incorrectly denied for any reason aside from timely filing and you need to submit for reconsideration, please complete the Provider Claims Reconsideration Form. It is found under “Resources” on the TriWest Payer Space on Availity.com. You will need to print it and send it to the appropriate address noted on the form (Phoenix, AZ). Please include any appropriate and necessary justification with this form, including OHI EOBs, proof of timely submission, claim forms, claim rejection letter, or any other information relevant to support your request for reconsideration. Please do not submit medical records unless requested by TriWest.
- ➔ Reconsiderations must be submitted within 90 days of claims processed date or they will be denied.

The address is: TriWest VA CCN Claims
P.O. Box 42270
Phoenix, AZ 85080-2270

- If you have questions, you can call 877-226-8749.
- Providers must submit separate requests for each disputed item.

Claims Status Check

- ➔ 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:

- ➔ Chat online with a live agent through Availity, Monday-Friday from 8 a.m.-6 p.m. in your time zone for CCN
- ➔ Use the Chat with TriWest feature for automated, self-service claims check, 24/7
- ➔ 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. *With your submission, you must include a 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](#).