VA CLAIMS SUBMISSION CHECKLIST

This checklist is a tool for providers to ensure they have followed all steps for successful claims submission and timely processing. For official and most updated VA community care information visit http://www.va.gov/PURCHASEDCARE/programs/providerinfo/index.asp

PRE CLAIMS SUBMISSION:

☐ Did you confirm the Veteran's status/member ID? Note: enrolled Veterans are issued a U.S. Dept. of Veterans Affairs Veterans Health Identification Card member ID with a 10-digit ID number.

☐ Did VA authorize the care as confirmed by VA Form 7078 (inpatient) and/or 7079 (outpatient) authorization number?

☐ If the care was authorized by VA did you send the claim to the appropriate office? Note: VA Choice program claims for pre-authorized non-emergent care should be sent to HealthNet. All emergency care claims should be sent to the nearest VA Medical Center to where the emergent care was provided. All VA direct authorized claims should be sent to the VA authorizing facility as shown on the authorization form.

☐ For Emergency Department care, did you notify the nearest VA Medical Center within 72 hours of date of visit to obtain preauthorization?

CLAIMS SUBMISSION:

☐ Ensure claims are submitted timely. Filing timelines vary depending on several factors; however, 90 days is the most stringent (Emergency treatment for non-service connected conditions (aka Mill Bill 38 U.S.C. 1725))

☐ Are you billing VA as primary and sole payer? Note: VA is considered as primary payer for VA authorized services. VA cannot reimburse as a secondary payer for remaining or Veteran balances.

☐ Did you send medical documentation for emergency claims?

☐ VA strongly recommends submitting claims via EDI, provider's claims can be processed more timely with expedited payment if the claims are submitted electronically. If the provider must submit paper, is the claim legible and on the appropriate Red/White CMS Form(s), 1500 or 1450?

☐ Is the claim billed appropriately according to CMS coding/billing guidelines?

☐ Did you send the claim(s) to the appropriate VA Medical Center that authorized the care or to the nearest VAMC for unauthorized care?

POST CLAIM SUBMISSION:

☐ Are you receiving the VA Preliminary Fee Remittance Advice Report (PFRAR), VA explanation of claims status?

☐ If claim is denied on the PFRAR did you remove it from your active AR? Note: Not all Veterans are eligible for emergent unauthorized community care. Veterans are notified and receive written appeals instructions by VA when community care claims are denied.

☐ If claim is rejected on the PFRAR did you address the reason and resubmit a corrected claim(s)?

☐ After reviewing the PFRAR & making adjustments, if the rejected/unprocessed claim remains unanswered did you call the customer service line.

NOTES: These are generic, basic guidelines that if followed will alleviate some claims processing problems/delays. More detailed information can be provided by the local VA community care representatives, or at the following VACC Internet Site, http://www.va.gov/purchasedcare/programs/veterans/nonvacare/