CHAMPVA

Caregiver Support Program Guide

Health Care Benefits for the Primary Family Caregiver

IMPORTANT PHONE NUMBERS

Name	Telephone Number
Your Doctor (Primary Care)	
Your Doctor	
Your Hospital	
Your Pharmacy	

Your Medications	
CHAMPVA	1-800-733-8387
Mental Health	1-800-424-4018
Meds by Mail (MbM) (see **page 8** for the number of the servicing center for your state)	East: 1-866-229-7389 West: 1-888-385-0235 Refill System: 1-888-370-1699
OptumRx Retail Pharmacy Network	1-888-546-5502

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- Mail: CHAMPVA
  PO Box 469063
  Denver, CO 80246-9063
- Phone: 1-877-733-7927
- Email: Please go to this website and follow the directions for submitting e-mail via Ask VA: **https://ask.va.gov**

CONTENTS

HELPFUL TIPS

KEEP THIS GUIDE

This guide provides important information about the CHAMPVA program for the Primary Family Caregiver. This guide is also available on our website at **http://www.va.gov/communitycare**.

The guide is not reprinted yearly. Occasionally, there will be a change that could impact your benefits. When that happens, we will send you a notification of the change and ask you to add it to your guide. Please remember this guide is only a guide. The law, regulations and policy manual are the authoritative guidance for the program.

FINDING INFORMATION IN THIS GUIDE

The Table of Contents lists the topic areas by section, with corresponding page numbers.

All page listings in the Table of Contents and Index of our on-line guide are interactive: clicking on a page number in either list takes you to that page.

Words and acronyms that are in **bold red text** preceeded by an asteric (*) in this guide are defined on **pages 60–63.**

CHANGE OF ADDRESS

If you have an address or phone number change you must contact your Caregiver Support Coordinator who will contact CHAMPVA to make the change.

SPECIAL NEEDS

Hearing impaired callers please use the Federal Relay Operator at **1-800-877-8339**.

When English is not your first language, we can arrange for a third-party translator. When you call us, we will ask our translation service to participate in the phone call.

We can also provide you, on request, a copy of the ***CHAMPVA** Caregiver Guide in any language or Braille. It will take about six weeks to provide you the translated guide from the time we receive your request.

HELPING YOU TAKE AN ACTIVE ROLE IN YOUR HEALTH CARE

Our number one priority is keeping you healthy. Numerous studies have shown that patients who are well informed about their care and effectively communicate with their health providers report better overall health. That is why we encourage you to take control of your health and become an active partner every step of the way.

Effective communication with your provider begins even before your first appointment. Make a list of any prescription or ***over-the-counter (OTC)** medications you take on a regular basis, as well as the dosages. Make a note of symptoms you may be having, including duration, intensity and what, if anything, relieves the symptoms. Be sure to also make a list of any questions you may have and prioritize them so you are sure to get answers to your most urgent concerns.

During your appointment, be sure to ask your physician to explain any terminology or procedure you don't understand and write down the answers, if necessary. If you are prescribed any medications, make sure that you know how much you are supposed to take and when you are supposed to take them.

Here is a list of questions that may also help you to gain understanding of your condition:

- Why do I have this problem?
- How will this problem affect me in the future?
- What treatment is needed?
- Will the treatment require any changes to my diet or lifestyle?
- What will happen if I don't treat this condition right away?
- Do I need any tests?
- Why do I need this medicine, and how long will I need to take it?
- Are there any foods or drinks I should avoid while taking this medicine?
- What are the side effects of this medication?
- When should I schedule a follow-up appointment?

ADDITIONAL QUESTIONS

SECTION 1: ELIGIBILITY REQUIREMENTS

The Civilian Health and Medical Program of the Department of Veterans Affairs, which is commonly referred to as CHAMPVA, is a health care benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with certain eligible beneficiaries. CHAMPVA is managed by the Veterans Health Administration, Office of Community Care (VHA CC)**https://www.va.gov/communitycare/programs/dependents/champva/index.asp** located in Denver, Colorado. VHA CC processes all claims submitted for the reimbursement of medical services and supplies rendered by authorized providers in the community.

CHAMPVA for the Primary Family Caregiver is different than standard CHAMPVA. Those eligible for standard CHAMPVA are permitted to have other health insurance. Those eligible for CHAMPVA through the Caregiver Support Program are **not** permitted to have any other health insurance. Other health insurance includes but is not limited to:

- TRICARE
- Medicare, Medicaid
- Any Worker's Compensation Plan
- Any and all employer sponsored insurance plans such as Kaiser, Blue Cross/Blue Shield, Humana, Cigna, Aetna
- Any other state or federal health benefits programs
- Indian Health Services
- Any HMO
- A Cobra Plan

VA discourages the Primary Family Caregiver from discontinuing their coverage under a health plan contract without first considering, at a minimum, the following:

- Medicaid recipients may have less financial burden than they would under CHAMPVA. Many state Medicaid plans do not require the participant to pay co-payments, cost shares or deductibles. CHAMPVA has an outpatient deductible of $50 per calendar year and a cost share of a minimum of 25 percent of the CHAMPVA allowable charge, up to the catastrophic cap, which is $3,000 per calendar year.
- Some health plan contracts may have a comprehensive medical benefit services package that might not be covered by CHAMPVA. For example, CHAMPVA does not cover routine dental care, chiropractic services or routine eye exams and corrective lenses.
- CHAMPVA benefits are discontinued for the Primary Family Caregiver when the Veteran is no longer in need of a caregiver or someone else is designated as the Primary Family Caregiver.
- CHAMPVA benefits do not extend to the family members of the Primary Family Caregiver.

If you have any other health insurance coverage you are **not** eligible to participate in CHAMPVA for the Primary Family Caregiver. It is your responsibility to contact your Caregiver Support Coordinator immediately if you have obtained health insurance since becoming eligible for CHAMPVA. Also, you should immediately call CHAMPVA at **1-877-733-7927**.

Failure to contact us immediately will possibly result in ***recoupment** action issued by our Debt Collection Unit for payments made during your period of ineligibility.

SECTION 2: WHEN YOU NEED INFORMATION

CUSTOMER SERVICE

We are always working to improve our service to you. We are committed to getting you accurate and timely information about your benefits and giving you a variety of ways to obtain the needed information.

If this guide does not provide you with the answers to your questions or the information you need, the following sources may be of use to you.

Interactive voice response system

- Phone Toll Free: 1-800-733-8387
  24 hours a day, 7 days a week

You can obtain information and request forms through our interactive voice response system, without waiting to speak to a customer service representative.

Services available through this system:

- Ordering ***CHAMPVA** forms and applications. The prompts will instruct you to leave a voice mail request by leaving your CHAMPVA Member Number (Social Security number), full name and address.
- You can check on your eligibility, claims status, annual deductible and annual catastrophic cap.
- Your providers can check on your enrollment or the status of a payment.

Talk to a customer service representative

- Phone Toll Free: 1-877-733-8387
  Monday through Friday (excluding holidays)
  8:05 a.m. to 7:30 p.m. Eastern Time

We have recently implemented a Virtual Hold system to allow us to call you back when our estimated wait time exceeds three minutes.

VA Caregiver Support website

The Caregiver Support website at **http://www.caregiver.va.gov** provides information on more than two dozen services specific to Caregivers of Veterans of all eras that are currently being offered by VA. You can find contact numbers to your local Caregiver Support Coordinator for information on these and other Caregiver resources and services.

VHA CC website

The following information is available at **http://www.va.gov/communitycare**, 24 hours a day, 7 days a week:

- *CHAMPVA Guide for Primary Family Caregivers* and the ***CHAMPVA** Policy Manual
- Frequently asked questions
- Fact sheets on all aspects of the CHAMPVA program

E-mail

Please go to this website and follow the directions for submitting e-mail via Ask VA: **https://ask.va.gov/**

Typically, you will receive a response to your question within one working day. To protect your privacy, we recommend that you do not include sensitive or personal information in the message. We do ask that you include your full name in the body of the message. We will not return information containing personal identifiers or medical information on e-mail. If you are requesting that type of information, we will call you or send the information through regular mail.

Mail

When you write to us, please include your name and phone number.

- Send your inquiry to:
  CHAMPVA
  PO Box 469064
  Denver, CO 80246-0637

WHERE TO GET FORMS AND PUBLICATIONS

Forms and publications are available to you through the customer service options identified on pages 5–6. When you use any of these options, make sure you provide your name and address.

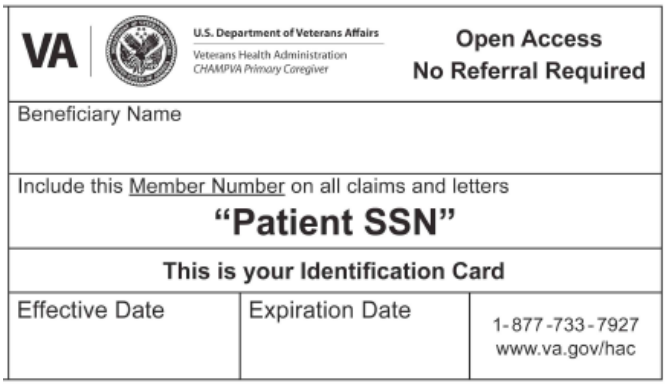
Where to Send Completed Forms

- Send completed claims for medical services and supplies to:

  CHAMPVA
  PO Box 469064
  Denver, CO 80246-9064

SECTION 3: OBTAINING MEDICAL CARE

Each *__CHAMPVA__ Primary Family Caregiver receives an identification card. We changed our practice of displaying your Social Security number (SSN) as the member number on the identification card due to the potential risk of identity theft. The sample below shows that cards are issued with the phrase "Patient SSN" in the Member Number space rather than the actual number being displayed.


VA
U.S. Department of Veterans Affairs
Veterans Health Administration
CHAMPVA Primary Caregiver
Open Access
No Referral Required
Beneficiary Name
Include this Member Number on all claims and letters
"Patient SSN"
This is your Identification Card
Effective Date
Expiration Date
1-877-733-7927
www.va.gov/hac

For Electronic Claims Filing please follow the instructions at: **www.va.gov/hac/forproviders** under "How to File a Claim."

For Mental Health/Substance Abuse Preauthorization
Call 1-800-424-4018—Preauthorization is required:
- After 23 outpatient mental health visits in a calendar year
- For all other mental health/substance abuse services

For Durable Medical Equipment (DME) Preauthorization
Call 1-800-733-8387—Preauthorization is required:
- For DME purchase or rental over $2,000

When you visit your doctor, make sure you take your CHAMPVA Identification Card with you. Since your cost share (co-payment) for care will be a percentage of the CHAMPVA ***allowable amount** rather than a specific, predetermined dollar amount, talk to your doctor about how and when to pay your part of the bills. If you are receiving outpatient care (including prescriptions) and you have already paid your deductible or reached your catastrophic cap for the year, bring your most recent CHAMPVA ***Explanation of Benefits (EOB)** with you to show you have met one or both of these requirements for the year.

CHAMPVA covers most ***medically necessary** health care services, including ambulance, ambulatory surgery, ***durable medical equipment (DME)**, family planning and maternity (newborns are not covered), hospice, inpatient services, outpatient services, pharmacy, skilled nursing care and transplants.

We pay for covered services and supplies, when they are determined to be medically necessary and are received from an authorized provider. When providers are performing services within the scope of their license or certification, we consider them to be authorized. The most common providers are: anesthetist, audiologist, certified clinical social worker, certified nurse midwife, certified nurse practitioner (NP or CNP), certified registered nurse anesthetist (CRNA), certified physician assistant (PA), certified psychiatric nurse specialist, clinical psychologist (Ph.D.), doctor of osteopathy (DO), licensed clinical speech therapist (LCSP), licensed practical nurse (LPN), licensed vocational nurse (LVN), marriage and family counselor/therapist, medical doctor (MD), occupational therapist (OT), pastoral counselor, physical therapist (PT), physiologist, podiatrist (DPM), psychiatrist and registered nurse (RN).

You have many choices when selecting a provider. Medical services may be available to you at your local VA Medical Center (VAMC) through the ***CHAMPVA Inhouse Treatment Initiative (CITI)**, described in the following paragraph.

NON-VA MEDICAL PROVIDERS

CHAMPVA does not have a network of medical providers. However, most TRICARE providers will also accept CHAMPVA patients. Go to the TRICARE website, **http://www.tricare.mil/FindDoctor**, to locate a provider in your area, and then contact them to ask if they also accept CHAMPVA patients.

Most Medicare providers will also accept CHAMPVA patients. Medicare providers can be located through their website at **http://www.medicare.gov**. Use the "Search Tools" at the bottom of that page to locate a Medicare provider.

Please call, e-mail or write us (see **page 5** for contact information) if you are having difficulty locating a provider, and we will help you find one.

Providers that accept "assignment" for CHAMPVA patients

When you locate a medical provider, find out if they will accept CHAMPVA. Providers most often refer to this as accepting ***assignment**. What that means is the provider will bill us directly for covered services, items and supplies. Doctors or providers who agree to accept assignment are doing so at the CHAMPVA ***allowable amount** and cannot collect additional amounts from you beyond your co-pay.

> **Important note:** All hospitals that participate in Medicare, and hospital-based health care professionals who are employed by, or contracted to, such hospitals are required by law to accept CHAMPVA for inpatient hospital services.

Providers that do not accept "assignment" for CHAMPVA patients

If your provider does not accept assignment, you can still see that provider, but be aware that you will likely have to pay the entire charge at the time of service. Additionally, you may be charged more than the CHAMPVA allowable amount. To obtain reimbursement if your provider does not accept CHAMPVA, you will have to submit the itemized bill from the provider along with a CHAMPVA claim form (VA Form 10-7959a). When the claim is processed, we will reimburse you for our share of the allowable amount.

What all of this means to you is that when the medical provider does not accept assignment, your cost will include not only your share of our determined allowable amount, but also any charges over our allowable amount.

VA MEDICAL PROVIDERS

Depending on whether your local VA Medical Center (VAMC) participates in the ***CITI**—pronounced "city"—and the type of services a VAMC has available, you may be able to receive all or a portion of your medical care at a VAMC through the CITI program. The care may include inpatient, outpatient, pharmacy, ***DME** and mental health services. The care you receive through this program is at **no cost to you!** There is no cost share and no deductible for the care you receive through CITI. More than half of all VA medical facilities participate in the CITI program, so there is a good chance that a VAMC near you is a participant.

To find out if your local VAMC participates in this program

- Go to our website at **http://www.va.gov/communitycare**
- Select *"Dependents"* from the side tab, then select *"CHAMPVA."*
- Scroll down to the *"CITI"* link. You will find a list of participating facilities and their phone numbers on this page.
- Or you can call, e-mail or write us (see **page 5** for contact information).

When you contact your VAMC, they will be able to tell you which services are available. If the services you need are available, and you choose to receive your care through the CITI program, the VAMC will ask you to process through the patient administration section. They will review your CHAMPVA eligibility.

PHARMACY PROVIDERS

***Meds by Mail (MbM)** is by far the most cost effective way for you to receive your non-urgent, maintenance medications. There are **no co-payments, no deductible requirements and no claims to file!** Your maintenance medication is mailed to your home. This program is a great benefit, and we highly encourage you to use it.

There are two pharmacy servicing centers, and you are assigned to a servicing center based on the area in which you live. Your servicing center will help you with the status of your prescription order, questions about drug availability and patient profile updates.

If you live in these states, districts or territories:	Your Meds by Mail Pharmacy Servicing Center is:
Alabama, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Virgin Islands, West Virginia	Meds by Mail Servicing Center PO Box 9000 Dublin, GA 31040-9000 Monday–Friday 8:05 a.m. to 7:30 p.m. (Eastern Time) 1-866-229-7389 Refills: 1-888-370-1699
Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming	Meds by Mail Servicing Center PO Box 20330 Cheyenne, WY 82003-7033 Monday–Friday 8:05 a.m. to 7:30 p.m. (Eastern Time) 1-888-385-0235 Refills: 1-888-370-1699

Important facts to keep in mind when using MbM

- To begin using MbM, fill out the ***MbM** Prescription Order Form, VA Form 10-0426, available on our website at **http://www.va.gov/communitycare/pubs/forms.asp** or by calling 1-800-733-8387 and selecting the self-service option to request the form be mailed to you.
- Tell your physician you are using a mail order prescription service. Request that the physician prescribe up to a 90-day supply with up to three refills, if possible. Certain medications may have a limit of 30 days for the supply amount. If you need to begin taking the medication right away, ask your provider to write two prescriptions—a one month supply that you can fill immediately at your local pharmacy and a longer-term supply to be filled through MbM.

- Original prescriptions must be sent to the servicing center (copied or faxed prescriptions cannot be filled).
- Maintenance medications (those taken for a longer period of time, such as blood pressure, heart, arthritis or chronic pain medication) are available through MbM.
- Certain controlled medications are also available through this program. For example, Tylenol No. 3, Valium, Klonopin, and Vicodin are available. These are medications in Schedules 3, 4 and 5 for controlled drugs (your physician can tell you if the medication prescribed to you is on one of these schedules). Medications such as Percocet, Percodan, Ritalin and Oxycontin are NOT available through MbM and must be filled at your local pharmacy.
- Most prescriptions are filled with the generic equivalent. When the prescription does not have a generic equivalent and the brand-name drug prescribed is not on the VA's ***formulary**, a pharmacist will contact your physician to obtain authorization to substitute the VA's formulary brand for the one prescribed.
- ***Over-the-counter medications** are not covered and cannot be obtained through MbM. The **ONLY** exception is for insulin and insulin-related supplies.
- You can still use your local pharmacy for urgent care medications or any that are not available through MbM

If you need help with general information about MbM eligibility or applications for MbM, contact via:

- Phone: **1-877-733-7927**
- E-mail: Please go to this website and follow the directions for submitting e-mail via Ask VA: **https://ask.va.gov/**
- Website: **http://www.va.gov/communitycare**
  (select "Dependents, Pharmacy Benefits")

OPTUMRX RETAIL NETWORK PHARMACY

Our network consists of more than 66,000 pharmacies. The advantage to you is that you need only pay your cost share for the medication (after your outpatient deductible has been met), and there are no claims for you to file. Typically, the use of a network pharmacy will result in a lower cost share to you. To obtain an OptumRx pharmacy identification card and information on local pharmacies in your area that are a part of the OptumRx network, call the following number or go to our website and follow the instructions listed below.

- Phone: **1-888-546-5502**
  Bin#: 610593
  Group#: HAC
  PCN#: VA
- Website: **https://welcome.optumrx.com/vah/landing**
- Click on *"Find a Network Pharmacy"*

NON-NETWORK RETAIL PHARMACY

You can choose any pharmacy. The CHAMPVA Identification Card is your proof of coverage for a non-network pharmacy. A pharmacy that is not part of the network will most likely ask you to pay the full amount of the prescription. In that case, you will need to request reimbursement from us by submitting a CHAMPVA Claim Form (VA Form 10-7959a) and the itemized pharmacy statement. Your pharmacist can provide you with a printed document that contains all required information that CHAMPVA needs to reimburse you for pharmacy claims. We cannot process the claim without this required information:

- 11-digit ***National Drug Code (NDC)**
- date the drug was dispensed
- name and quantity of the drug
- retail value of the drug
- amount of your co-pay

SECTION 4: BENEFIT INFORMATION

***CHAMPVA** for the Primary Family Caregiver will cover only care that is ***medically necessary** and appropriate. The fact that your physician tells you that you need certain care does not mean that the care is covered under CHAMPVA. There may be limits on certain care, and some care is not covered at all.

Any type of care that goes on for a long time (over a period of weeks, months, etc.), including physical therapy, medication, mental health services and skilled nursing services, may be medically reviewed periodically, and medical documents will be requested during the course of treatment. We will notify you when additional documentation or a treatment plan is needed from your medical provider.

The same limitations apply whether you reside in the U.S. or in another country. For example, if you reside or travel overseas, we will only cover medications that are approved by the Food and Drug Administration (***FDA**) for use in the U.S.

AUTHORIZATION FOR CARE

You do not need advance approval for care from us, unless the care relates to one of the medical services listed below. Although we do not require authorization for most medical care, your physician may seek to obtain authorization for services. In that case, ask the physician to call us regarding the service requested, and we will provide information about what will be needed to determine if a specific service is covered. You may also want to consider showing your provider this section of the guide, as it describes the criteria for coverage of many services.

Services that require authorization

- ***DME** with a purchase price or total rental price of $2,000 or more (see **page 18**)
- Hospice care
- Mental health care (approval needed from our mental health clinician)
  - Inpatient mental health care
  - Care at residential treatment facilities
  - Alcohol/substance abuse
  - Care in Partial Hospital Programs (PHP)
  - Requests for extensions to our yearly limits on inpatient mental health care (see **page 12**) or outpatient mental health visits in excess of 23 per year
- Dental care coverage (Dental coverage is very limited and under most circumstances is not covered.)
- Organ transplants

Exceptions to the authorization requirement

Mental health services and durable medical equipment provided through the VA CITI program do not require authorization.

To obtain authorization for services:

- Mail: CHAMPVA
  ATTN:Preauthorization
  PO Box 469063
  Denver, CO 80246-9063
- Phone: **1-800-733-8387**

COVERED BENEFITS (NOT ALL INCLUSIVE)

The following is an alphabetical list of the services we cover that will help you stay healthy and identify health problems early. In all cases, your physician will determine when it is medically necessary and appropriate for the medical service.

For additional information, please refer to the CHAMPVA Policy Manual, Chapter 2, available on our website at **http://www.va.gov/communitycare/pubs/index.asp#policy**

BEHAVIORAL HEALTH SERVICES

Obtain CHAMPVA authorization by calling **1-800-733-8387**

Covered Services	Patient Pays	CHAMPVA Pays
Attention Deficit Disorder (ADD), or Attention Deficit Hyperactivity Disorder (ADHD): has coverage as outlined under Behavioral Health Outpatient Care listed below.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Alcohol abuse (treatment for): Preauthorization is required. Refer to "Substance Abuse" for specific benefit coverage.	Refer to "Substance Abuse" for specific benefit payment information.	Refer to "Substance Abuse" for specific benefit payment information.
Behavioral Health Acute Inpatient Care: CHAMPVA requires authorization for all inpatient acute psychiatric hospitalizations. The benefit limits the allowed number of inpatient days per fiscal year (October 1 through September 30). For adults, age 19 or older, the limit is 30 days. A waiver may be authorized only when the ***beneficiary's** treatment plan shows that it is psychologically necessary to continue at the acute level of care. Waivers need to be authorized by CHAMPVA. CHAMPVA benefits cover seven inpatient psychotherapy sessions/ calendar week while a ***beneficiary** is in an authorized inpatient acute psychiatric hospital.	Inpatient Mental Health ***High Volume** Facility **CHAMPVA is Primary Payer:** • No Deductible • 25% Cost Share Inpatient Mental Health ***Low Volume** Facility **CHAMPVA is Primary—Lesser of:** • Per-day amount times the number of inpatient days, or 25% of the billed amount	Inpatient Mental Health ***High Volume** Facility **CHAMPVA is Primary Payer:** • 75% Allowed Amount Inpatient Mental Health ***Low Volume** Facility **CHAMPVA is Primary—Lesser of:** • Up to 100% of Allowed Amount minus patient per-day payment, or 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Behavioral Health Outpatient Care: The outpatient mental health benefit allows a total of 23 psychotherapy sessions in a fiscal year (October 1 through September 30), and no more than two sessions in a week (Sunday through Saturday), without an authorization. If additional psychotherapy sessions are needed then authorization needs to be obtained. Only psychotherapy sessions performed by a provider listed in the CHAMPVA Policy Manual, Chapter 2, Section 18.1 are covered. The types of sessions that are included in these limits are: individual, group, family, collateral, multiple family group and interactive group. Medication management, psychological evaluation, psychological testing, and electroconvulsive therapy are not included in these limits.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Drug abuse (treatment for): Authorization is required. Refer to **"Substance Abuse"** for full benefit coverage.	Refer to **"Substance Abuse"** for specific benefit payment information.	Refer to **"Substance Abuse"** for specific benefit payment information.
Eating Disorders: Refer to **"Behavioral Health Outpatient Care"** for full benefit coverage.	Refer to **"Behavioral Health Outpatient Care"** for benefit payment information	Refer to **"Behavioral Health Outpatient Care"** for benefit payment information
Psychiatric Partial Hospitalization Program (PHP): Benefit: 60 days per year. To qualify as a PHP, the program must last at least three hours per day and be available five days per week (day, evening or weekend program). The facility must be TRICARE approved or Medicare certified. Authorization is required from CHAMPVA.	**CHAMPVA is Primary Payer:** No Deductible • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Residential Treatment Center (RTC): Benefit: 150 days per year. Authorization is required by CHAMPVA at least three days before admission. The RTC must be accredited by The Joint Commission (TJC), or TRICARE certified, and must be state licensed and in compliance with state and federal regulations. Geographically distant family therapy (GDFT) is also covered when authorized by CHAMPVA. Geographically distant family therapy (GDFT) is also covered when authorized by CHAMPVA.	**CHAMPVA is Primary Payer:** No Deductible • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Substance Abuse (treatment of): A *beneficiary is allowed up to three substance-use disorder treatment benefit periods in a lifetime. A benefit period begins on the first day of covered treatment and ends 365 days later, regardless of the number of services rendered during that year. **Outpatient rehabilitation** Limited individual, family and group therapy sessions are allowed. **Detoxification** is an inpatient service that requires authorization by CHAMPVA. The service is limited to seven days per admission, which count toward the 30/45-day inpatient mental health limit. Detoxification will be approved only if it is performed under general medical supervision. **Inpatient & partial hospitalization rehabilitation** Authorization is required. Limited to no more than one inpatient stay during a single benefit period of 21 days. Limited to three benefit periods or rehabilitation stays per lifetime. The facility must be TRICARE approved or Medicare certified.	**Inpatient Mental Health High Volume Facility CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share **Inpatient Mental Health Low Volume Facility CHAMPVA is Primary—Lesser of:** Per-day amount times the number of inpatient days, or 25% of the billed amount	**Inpatient Mental Health High Volume Facility CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Mental Health Low Volume Facility CHAMPVA is Primary Payer:** Up to 100% of Allowed Amount minus patient per-day payment, or 75% of Allowed Amount

BEHAVIORAL HEALTH SERVICES (NOT COVERED)

Behavior Health Services that are NOT covered	Patient Pays	CHAMPVA Pays
Learning Disorders: Such as reading disorders or dyslexia, mathematics disorders, disorders of written expression and/or learning disorders not otherwise specified.	100% of billed charges.	Nothing.
Marriage counseling	100% of billed charges.	Nothing.
Sex Changes, Therapy, or Sexual Behavior Modification	100% of billed charges.	Nothing.
Stress Management	100% of billed charges.	Nothing.

DENTAL SERVICES

Limited coverage requiring authorization. Coverage limited to dental treatments as part of the appropriate treatment of some other (non-dental) covered medical condition.

Covered Services	Patient Pays	CHAMPVA Pays
Adjunctive Dental Care: (extremely limited coverage) Covered only when the dental treatment is part of the appropriate treatment of some other (non-dental) covered medical condition.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 5% Cost Share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Gingival Hyperplasia: When caused by prolonged medication therapy for conditions such as epilepsy or seizure disorders.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 5% Cost Share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Loss of Jaw Substance: Covered when due to direct trauma or treatment of neoplasm. Requires documentation that provides the diagnosis, history of the trauma or treatment of the neoplasm, and the patient's age. Include a detailed description of the prosthetic treatment plan when applicable.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 5% Cost Share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Mercury Hypersensitivity: The removal of dental amalgam mercury source is covered under the following conditions: Independent diagnosis by a physician allergist based on generally accepted test(s) for mercury hypersensitivity. Documentation that reasonably rules out sources of mercury exposure other than the dental amalgam.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 5% Cost Share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Temporomandibular Joint Disease (TMD): Initial radiographs or other imaging technologies, up to four office visits, physical therapy for acute phase treatment only, and construction of occlusal splint.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 5% Cost Share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

DENTAL SERVICES (NOT COVERED)

Dental Services that are NOT covered	Patient Pays	CHAMPVA Pays
Dental Care—routine	100% of billed charges.	Nothing.
Dentures or Partial Dentures (adding or modifying)	100% of billed charges.	Nothing.
Orthodontia Care (braces)	100% of billed charges.	Nothing.

DIABETIC SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Diabetes screening: We cover this screening when you have these risk factors: • high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity or a history of high blood sugar. Or if you have two or more of the following characteristics: • age 65 or older; overweight; • immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. For more information, talk to your doctor.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Diabetes self-management training program (outpatient): Prescribed by a physician for education about self-monitoring of blood glucose, diet and exercise (limitations apply, and medical documentation from the provider must accompany the billing).	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Eye Exam: Covered when there is a diagnosis of diabetes.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Insulin and diabetic related supplies: Covered even though a prescription may not be required by state law. Insulin pumps are covered when the claim is accompanied by a CMN or doctor's order with diagnosis of diabetes mellitus.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Foot care services (very limited coverage): Covered when they are a medically necessary treatment for a specific diagnosis like diabetes.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Shoes for Diabetics: One pair of custom molded shoes (including inserts) per calendar year. One pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year. Three pairs of multi-density inserts per calendar year.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

DIABETIC SERVICES (NOT COVERED)

Diabetes Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Weight Control Medication or weight reduction programs.	100% of the billed charges.	Nothing.

DME SERVICES

Durable Medical Equipment (DME) is equipment that can withstand repeated use, is primarily used to serve a medical purpose, is generally not useful in the absence of an illness or injury and is appropriate for use in the home.

Covered Services	Patient Pays	CHAMPVA Pays
Barrier-free Lift: Claim should be accompanied by a **Certificate of Medical Necessity (CMN)** to include medical documentation. Medical documentation should show a history of inability to get out of bed and that there is no caregiver to get the patient in or out of bed. Home modifications are not covered.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Durable Medical Equipment (DME): DME must be ordered by a physician and be authorized by CHAMPVA if the cost (total rental or purchase) exceeds $2,000. Authorization must include the **CMN** or doctor's **DME** order. Additional documentation may also be required. Coverage may be authorized for customization, accessories, or supplies; maintenance by manufacturer's authorized technician; repair and adjustment; and or replacement needed as a result of normal wear or a change in medical condition.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Mastectomy Bras and Prostheses: Covers up to seven bras every 12 months; replacement of breast prostheses every 24 months.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Orthopedic Braces and Other Appliances: Orthotic devices are covered when appropriate based on benefit policy and provided by an authorized provider. Covered orthotic devices include, but are not limited to, braces for the neck, arm, back and leg to assist in movement or to provide support to a limb. *(Orthopedic shoes are excluded from benefit coverage except for diabetics.)*	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Oxygen and related equipment (to include oxygen concentrators): Covered benefit requiring a **CMN** that includes the oxygen flow rate with frequency and duration of use, estimated length of time oxygen will be required and the method of delivery. If the initial **CMN** shows an indefinite or lifetime need, a new prescription is not required with each billing, as long as the diagnosis supports a continued need.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Prosthetic Devices: Artificial limbs, eyes, voice and other prostheses, as well as **FDA**-approved surgical implants, are covered.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Shoes for Diabetics: One pair of custom molded shoes (including inserts) per calendar year. One pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year. Three pairs of multi-density inserts per calendar year.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
TENS (Transcutaneous electrical nerve stimulation), **Neurostimulator:** Claim should be accompanied by **CMN** or doctor's order containing the diagnosis.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Wheelchair or Scooter (motorized): Claims should be accompanied by a **CMN** or doctor's order containing the diagnosis. Seating evaluation must be performed with proof that vehicle can be used inside the home.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Wig or Hairpiece: When needed during or after treatment for cancer (one per lifetime)	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Wound Vacuum-Assisted Closure (VAC) (negative pressure wound therapy): Claim should be accompanied by a CMN or doctor's order. Provide the wound measurements (length/width/depth) and the starting date and length of time the VAC will be required.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

DME SERVICES (NOT COVERED)

DME Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Durable Medical Equipment (DME): Denied by Medicare and other health insurance as not medically necessary.	100% of the billed charges.	Nothing.
Exercise Equipment	100% of the billed charges.	Nothing.
Hearing Aids	100% of the billed charges.	Nothing.
Hot Tubs	100% of the billed charges.	Nothing.
Luxury or deluxe equipment	100% of the billed charges.	Nothing.
Maintenance agreements/contracts	100% of the billed charges.	Nothing.
Modifications to home or vehicle	100% of the billed charges.	Nothing.
Orthotic shoe devices: Such as heel lifts, arch supports, shoe inserts, etc., unless associated with diabetes.	100% of the billed charges.	Nothing.
Spas	100% of the billed charges.	Nothing.
Vehicle Lifts: That are non-detachable and cannot be removed from one vehicle and used on another.	100% of the billed charges.	Nothing.
Whirlpools	100% of the billed charges.	Nothing.

EXTENDED CARE

Covered Services	Patient Pays	CHAMPVA Pays
Cardiac rehabilitation programs: Limited to 36 sessions and normally completed within 12 months following a qualifying cardiac event.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Home Health Care: Coverage is limited to intermittent skilled level home care for a homebound patient. The care must be medically necessary and ordered by a physician and the care must be provided by a registered nurse, Licensed Practical Nurse (LPN) or Licensed Vocational Nurse.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Hospice: Care is covered for terminally ill patients who have a life expectancy of six months or less. The program is designed to provide care and comfort to patients and emphasizes supportive services such as pain control, home care and patient comfort. There are four levels on which reimbursement is based. They are: 1. Routine Home Care—reimbursed as routine home care when not receiving continuous care. 2. Continuous Home Care—minimum of 8 hours per 24-hour period. 3. Inpatient Respite Care—maximum of 5 days including day of admission but not including day of discharge. 4. General Inpatient Care—reimbursed at the inpatient rate when general inpatient care is provided. Full Hospice benefit information can be found in the CHAMPVA Policy Manual, Chapter 2, Section 16.4.	**Hospice Services CHAMPVA is Primary Payer.**	**Home Hospice Care CHAMPVA is Primary Payer.** **Hospice Inpatient Services CHAMPVA is Primary:** • Up to 100% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Skilled nursing care: Skilled care may be provided by a variety of licensed professional caregivers, including a registered nurse (RN), licensed practical/ vocational nurse (LPN/LVN), physical therapist, occupational therapist, respiratory therapist or social worker. The skilled care can be provided in different settings, such as the patient's home, or a rehabilitation facility, depending on the amount and frequency of care needed and the severity of the illness, accompanied by medical documentation that justifies this level of care. *NOTE: There must be a three-day inpatient qualifying stay prior to admission to an SNF.*	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Skilled nursing facility (SNF): An SNF provides skilled nursing or rehabilitative care to patients who require 24-hour care under the supervision of a registered nurse or physician. A service is considered skilled care when it cannot be performed by a nonmedical person. Skilled care can be provided either in a hospital or in a separate facility. Skilled nursing care does not require authorization, but all claims for such services are subject to medical review. Claims should be accompanied by medical documentation that justifies this level of care. *NOTE: There must be a three-day inpatient qualifying stay prior to admission to an SNF.*	**CHAMPVA is Primary Payer:** No Deductible • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

EXTENDED CARE (NOT COVERED)

Extended Care Benefits that are NOT covered	Patient Pays	CHAMPVA Pays
Custodial Care.	100% of the billed charges.	Nothing.
Housekeeping, homemaker and attendant services.	100% of the billed charges.	Nothing.
Services provided by a member of your immediate family or person living in your household.	100% of the billed charges.	Nothing.

FAMILY CARE SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Birth Control: Family planning benefits are provided for intrauterine devices (IUDs), diaphragms, birth control pills, long-term reversible contraceptive implants, and sterilization (vasectomy or tubal ligation). Over the counter **(OTC)** forms of birth control are not a covered benefit	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Family Planning and Maternity: Coverage for treatment related to prenatal, delivery, and postnatal care, including complications associated with pregnancy, such as miscarriage, premature labor, and hemorrhage. Services provided to the mother and those provided to the **child** must be billed separately as newborns are not covered. Maternity benefits may not be restricted for any hospital length of stay in connection with childbirth for the mother: Following a normal vaginal delivery, to less than 48-hours Following a cesarean section, to less than 96-hours	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% Cost Share **Inpatient Services- Diagnosis Related Group (DRG) Based CHAMPVA is Primary Payer:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-(DRG) Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Group (DRG) Based CHAMPVA is Primary Payer:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate

Covered Services	Patient Pays	CHAMPVA Pays
Fetal Fibronectin Enzyme Immunoassay (to determine risk of preterm delivery): Benefits are covered for pregnant women with indications of preterm delivery	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Genetic Testing During Pregnancy: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Infertility Testing and Treatment: Services include diagnostic testing, surgical intervention, hormone therapy and other covered procedures to correct the cause of infertility.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Surgical Sterilization: Tubal ligation and vasectomy are covered.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

FAMILY CARE SERVICES (NOT COVERED)

Family Care Services NOT covered	Patient Pays	CHAMPVA Pays
Abortion Counseling	100% of the billed charges.	Nothing.
Abortions: Except when a physician certifies that the life of the mother would be endangered if the fetus were carried to term.	100% of the billed charges.	Nothing.
Artificial Insemination	100% of the billed charges.	Nothing.
Birth Control OTC—OTC forms of birth control are not a covered benefit.	100% of the billed charges.	Nothing.
Diagnostic Tests: To determine the sex or paternity of a **child.**	100% of the billed charges.	Nothing.
Embryo Transfer	100% of the billed charges.	Nothing.
Genetic Testing/Screening: Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child, or sex of an unborn child, are excluded from coverage.	100% of the billed charges.	Nothing.
In Vitro Fertilization	100% of the billed charges.	Nothing.
Learning Disorders: Such as reading disorders or dyslexia, mathematics disorders, disorders of written expression and/or learning disorders not otherwise specified.	100% of the billed charges.	Nothing.
Marriage Counseling	100% of the billed charges.	Nothing.
Newborn Care	100% of the billed charges.	Nothing.
Postpartum Inpatient Stay: Of a mother for purposes of staying with the newborn (when the newborn requires continued treatment but the mother does not).	100% of the billed charges.	Nothing.
Postpartum Inpatient Stay: Of a newborn for purposes of staying with the mother (when the mother requires continued treatment, but the newborn does not).	100% of the billed charges.	Nothing.

Family Care Services NOT covered	Patient Pays	CHAMPVA Pays
Reversal of Surgical Sterilization— tubal ligation or vasectomy.	100% of the billed charges.	Nothing.

GENERAL MEDICAL SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Ambulance Service: Covered when life-sustaining equipment is necessary for a medically covered condition. Air ambulance to the nearest facility where necessary treatment is available is covered if no emergency ground transportation is available or suitable and the patient's condition warrants immediate evacuation. Trip reports may be required for consideration of payment.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Autologous Blood Collection (blood transfusion): This is the collection of the patient's own blood. Transfusion services are covered when there is a scheduled surgical procedure.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Foot Care Services (very limited coverage): Routine foot care services for peripheral vascular disease, metabolic, or neurological disease are covered (e.g. diabetes).	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Morbid Obesity: Surgical correction of morbid obesity may be covered when one of the following conditions is met: • Patient's body mass index (BMI) is over 40, or • Patient's BMI is over 35 with serious medical conditions exacerbated or caused by obesity or • Second surgery (takedown) due to complications of previous surgical correction. Surgical procedures are limited to adjusted gastric banding (LAP-BAND); gastroplasty (stomach stapling); Roux-en-Y gastric bypass; and vertical banded gastroplasty and medically necessary revisions. (See benefits policy for specific exclusions.) Claims must be accompanied by the BMI, current height, weight, history of other medical conditions and history of other treatments tried and failed.	**Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services—Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services - Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Myofascial Pain Dysfunction Syndrome: Treatment of this syndrome may be considered a medical necessity only when it involves immediate relief of pain. Treatment beyond four visits or any repeat episodes of care within a six month period must be documented by the provider of services and medically reviewed by CHAMPVA.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

GENERAL MEDICAL SERVICES (NOT COVERED)

General Medical Services that are NOT covered	Patient Pays	CHAMPVA Pays
Experimental/investigational Services and Supplies	100% of the billed charges.	Nothing.
Foot Care Services of a routine nature, such as removal of corns and calluses.	100% of the billed charges.	Nothing.
Hearing Examinations unless in connection with a covered illness/ injury.	100% of the billed charges.	Nothing.
Hypnosis	100% of the billed charges.	Nothing.
Naturopathic Services	100% of the billed charges.	Nothing.
Private Hospital Rooms	100% of the billed charges.	Nothing.
Sex Changes, Therapy, or Sexual Behavior Modification	100% of the billed charges.	Nothing.
Transportation Services that do not require life sustaining equipment.	100% of the billed charges.	Nothing.
Weight Control Medication or Weight Reduction Programs	100% of the billed charges.	Nothing.
Workers' Compensation Injuries	100% of the billed charges.	Nothing.

PHARMACY SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Immunizations and Vaccines: When administered per Centers for Disease Control and Prevention recommendations and other specific factors. *Please see the recommended immunization schedule in this section for detailed information.*	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share **Received Through Meds by Mail (MbM)** • Nothing	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Drugs and Medications: Covered drugs and medications must be approved by the Department of Health and Human Services' **Food and Drug Administration (FDA)** for the treatment of the conditions for which they are administered, prescribed by an authorized provider and dispensed in accordance with state law and licensing requirements.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share **Received Through Meds by Mail (MbM)** • Nothing	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

PHARMACY SERVICES (NOT COVERED)

Pharmacy Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Drug Maintenance Programs: Where one addictive drug is substituted for another (such as methadone for heroin).	100% of the billed charges.	Nothing.
Drugs that are Not FDA Approved.	100% of the billed charges.	Nothing.
Group C Drugs for Terminally Ill Cancer Patients: These medications are available free from the National Cancer Institute through its registered physicians.	100% of the billed charges.	Nothing.
Immunizations for travel.	100% of the billed charges.	Nothing.
Over-the-Counter (OTC) Medications: that do not require a prescription (except for insulin and diabetic-related supplies, which are covered even when a physician's prescription is not required under state law).	100% of the billed charges.	Nothing.
Smoking Cessation Services: Medications and products.	100% of the billed charges.	Nothing.
Vitamins: Except for prescription formulations of folic acid, niacin, and vitamins D, K, and B12 (injection) that are not available **OTC.**	100% of the billed charges.	Nothing.

PREVENTIVE SERVICES (LIMITED COVERAGE)

The following services have limited coverage and must be medically necessary. In all cases, your physician will determine when it is medically necessary and appropriate for the medical services. None of these services are covered when provided as a routine service or part of an annual exam.

Covered Services	Patient Pays	CHAMPVA Pays
Bone Density Studies: When used to diagnose or monitor osteoporosis and osteopenia. When used for diagnosis, patient must be considered high-risk or presenting symptoms. When used for monitoring, bone density studies are limited to one per year. This service is not covered when used for routine screening	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cancer Screening: When it is medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cardiovascular Screenings: When it is medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cholesterol Screening: When it is medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Colorectal Cancer Screenings: Annual screenings are covered one every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Diabetes Screening	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Genetic Testing: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
HIV Testing: When there has been HIV exposure or symptoms of possible infection, or if there is a pregnancy.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Immunizations and Vaccines: When administered per Centers for Disease Control and Prevention recommendations and other specific factors. *Please see the recommended immunization schedule in this section for detailed information.*	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

CENTERS FOR DISEASE CONTROL RECOMMENDED ADULT IMMUNIZATION SCHEDULE

Vaccines are listed under routinely recommended ages. Columns indicate range of acceptable ages for immunizations. Catch-up immunizations should be done during any visit when feasible.

Vaccine	Age 18–24 yrs	Age 25–64 yrs	Age 65+ yrs
Influenza	X	X	X
Influenza FluMist Nasal Spray	X	X (to 49 yrs)	
Pneumococcal	X	X	X
Meningococcal	X	X (to 55 yrs)	
Measles	X	X	
Mumps	X	X	
Rubella	X	X	
Varicella	X	X	X
Tetanus/Diphtheria (Td)	X	X	X
Polio	X	X	
Hepatitis B4	X	X	X
Hepatitis A	X	X	X
HPV-Types 6, 11, 16, & 18 Recombinant Vaccine Gardasil	X	X (to 26 yrs)	
Shingles (Herpes Zoster)		X (50-59 yrs)	X

PREVENTIVE SERVICES (LIMITED COVERAGE—CONTINUED)

Covered Services (continued)	Patient Pays	CHAMPVA Pays
Mammograms: Ages 35-39 • One baseline mammogram Annually, if your doctor determines you are at high risk. Age 40+ • Annually	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Pap Test and Pelvic Exam: For patients age 18 and older or those younger than 18 when recommended by a clinician.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual • 25% cost share	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

RECONSTRUCTIVE SURGERY

This benefit is very limited. Coverage can be provided to correct a serious birth defect, such as cleft lip/palate, to restore body form or function after an accidental injury or to improve appearance after severe disfiguration or extensive scarring from cancer surgery or breast reconstructive surgery following a mastectomy that is covered by CHAMPVA.

Covered Services	Patient Pays	CHAMPVA Pays
Ankyloglossia (surgery for total or complete tongue tie): Surgery for tongue tie is covered in cases where total or complete ankyloglossia is documented.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Breast Reconstruction: Is a covered benefit to correct breast deformities related to verified congenital anomaly, as well as in the case of a medically necessary mastectomy.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Breast Reduction (Reduction Mammoplasty): Very limited coverage. Claims must include physician documentation of a medical history of persistent symptoms present for at least one year.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cleft palate (correction of): Claim must include a medical statement from the physician that includes the following information: brief medical history, condition, symptoms, length of time symptoms have been present, and other forms of attempted treatment.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Dermatological Procedures: For the treatment of covered conditions, such as acne and for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Implants (surgical; very limited coverage) For silicone or saline breast implants, please contact the customer service center for more details.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Panniculectomy (tummy tuck): (very limited coverage) A medical history should accompany the claim, as well as documentation of the complications experienced as a result of the enlarged pannus, such as skin rashes/infection, conservative treatments that were tried and failed and /or lower back pain attributed to pannus.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual **Services received in an Ambulatory Surgery Center (ASC) have no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

COSMETIC SERVICES (NOT COVERED)

Cosmetic Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Tattoo Removal	100% of the billed charges.	Nothing.
Cosmetic Drugs: (e.g., Retin A, Botox)	100% of the billed charges.	Nothing.
Cosmetic Surgery	100% of the billed charges.	Nothing.

TESTING SERVICES

In all cases, your physician will determine when these services are medically necessary and appropriate for your medical care.

Covered Services	Patient Pays	CHAMPVA Pays
Bone Mass Measurements: When used to determine if you are at risk for developing osteoporosis	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cancer Screening: When it is medically necessary and appropriate	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cardiovascular Screenings: When it is medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Cholesterol Screening: When it is medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Colorectal Cancer Screenings: Annual screenings are covered one every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Diabetes Screening: Screenings can be covered when you have these risk factors: High blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. Screenings can also be covered if you have two or more of the following characteristics: Age 65 or older; overweight; immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Genetic Testing: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
HIV Testing: When there has been HIV exposure or symptoms of possible infection, or if there is a pregnancy.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Mammograms Ages 35–39 • One baseline mammogram Annually, if your doctor determines you are at high risk. Age 40+ • Annually	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Pap Test and Pelvic Exam: For patients age 18 and older	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Allergy Testing & Treatment: Allergy testing and treatment are covered when appropriate, based on benefit policy. All claims for allergy testing must indicate the type and number of tests performed.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
CT Scans: When medically necessary and appropriate.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Magnetic Resonance Spectroscopy (MRS): Services covered when appropriate, based on benefit policy.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Positron Emission Tomography (PET): Limited coverage, covered when appropriate based on benefit policy.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Single Photon Emission Computed Tomography (SPECT): Limited coverage; covered when documentation by reliable evidence as safe, effective, and comparable or superior to standard of care (proven).	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Ultrasound: Ultrasounds for diagnosis, guidance and postoperative evaluation of surgical procedures are covered. Maternity related ultrasound is limited to the diagnosis and management of a high-risk pregnancy or when there is a reasonable probability of neonatal complications.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

TESTING SERVICES (NOT COVERED)

Testing Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Genetic Testing: Routine or demand genetic testing, or genetic tests performed to establish the paternity of a **child**, or sex of an unborn child, are excluded from coverage.	100% of the billed charges.	Nothing.

THERAPY SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Biofeedback: Certain types of biofeedback therapy are covered when there is medical documentation that there has been no response to other conventional forms of therapy.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Kidney (Renal) Dialysis: Limited to periods of Medicare ineligibility (Medicare coverage of individuals with end stage renal disease [ESRD] begins 90 days from the date.)	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Occupational Therapy: Services must improve, restore, or maintain function, or minimize or prevent deterioration of the patient's condition in a reasonable and generally predictable period of time. The services must be prescribed by a physician, certified physician assistant, or a certified nurse practitioner, and be medically necessary.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Physical Therapy: Physical therapy services may be prescribed by a physician, physician assistant or certified nurse practitioner. Professionally administered physical therapy to help the patient attain greater self-sufficiency, mobility and productivity is covered when the exercises and other modalities improve muscle strength, joint motion, coordination and endurance.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Radiation Therapy: Brachytherapy, fast neutron, hyperfractionated and radioactive chromic phosphate synoviorthesis are covered.	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Speech Therapy: For physical impairments including: • Brain injury (e.g., traumatic brain injury, stroke/cerebrovascular accident, etc.) • Congenital anomalies (e.g., cleft lip and cleft palate) • Neuromuscular disorders, such as cerebral palsy • Congenital sensory disorders	**CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share.	**CHAMPVA is Primary Payer:** • 75% of Allowed Amount

THERAPY SERVICES (NOT COVERED)

Therapy Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Acupuncture	100% of the billed charges.	Nothing.
Biofeedback: Treatment of ordinary muscle tension, psychosomatic conditions, hypertension or migraine headaches.	100% of the billed charges.	Nothing
Chiropractic Services	100% of the billed charges.	Nothing.
Chronic Fatigue Syndrome	100% of the billed charges.	Nothing.
Exercise Equipment	100% of the billed charges.	Nothing.
Health Club Membership	100% of the billed charges.	Nothing.
Whirlpools	100% of the billed charges.	Nothing.
Workers' Compensation Injuries	100% of the billed charges.	Nothing.

TRANSPLANT SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Pulmonary Rehabilitation Programs: Limited to pre- and postoperative lung or heart lung transplants and cardiopulmonary disease.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Transplants: Authorization is required. A summary from the transplant team indicating the medical necessity for the procedure must be provided. The following transplants are covered (as well as donor costs): • Allogeneic bone marrow transplantation • Autologous bone marrow transplantation • Heart transplantation • Heart-kidney transplantation • Heart-lung transplantation • High Dose Chemotherapy (HDC) and stem cell transplantation • Kidney transplantation • Liver transplantation • Liver-kidney transplantation • Lung transplantation • Multivisceral transplantation • Pancreas Transplantation Alone (PTA) • Pancreas After Kidney (PAK) transplantation • Simultaneous pancreas-kidney transplantation • Pancreatic islet cell transplantation	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

VISION SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount
Eyeglasses & Contact Lenses: Limited coverage. Covered when required after intraocular surgery, ocular injury or congenital absence of a human lens.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

Covered Services	Patient Pays	CHAMPVA Pays
Medical Eye Exams: Your physician will determine if an eye exam is required for a medical diagnosis.	**Outpatient Services CHAMPVA is Primary Payer:** Deductible • $50 Individual Services received in an **Ambulatory Surgery Center (ASC)** have **no deductible** • 25% Cost Share **Inpatient Services—Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** No Deductible Lesser of: • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** No Deductible • 25% Cost Share	**Outpatient Services CHAMPVA is Primary Payer:** • 75% of Allowed Amount **Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:** Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate **Inpatient Services- Non-DRG Based CHAMPVA is Primary Payer:** • 75% of Allowed Amount

VISION SERVICES (NOT COVERED)

Covered Services	Patient Pays	CHAMPVA Pays
Eye Examinations: (routine)	100% of the billed charges.	Nothing.
Eyeglasses:	100% of the billed charges.	Nothing.
Contact Lenses:	100% of the billed charges.	Nothing.

SECTION 5: YOUR COSTS

WHAT CHAMPVA PAYS—AND YOUR SHARE

You are responsible for an annual deductible plus your share—usually 25%—of our "allowable amount."

CHAMPVA's "allowable amount" is the most we will pay for a covered medical service or supply. That may be different from what your doctor bills for a medical procedure or supply. The allowable amount is often less.

Our allowable amount is generally the same as the allowable amounts paid by Medicare and TRICARE. (TRICARE is a Department of Defense health care program for active duty and retired military families.)

If your doctor accepts CHAMPVA, that is referred to as "accepting assignment." By accepting assignment, your doctor agrees to accept the CHAMPVA allowable amount as payment in full. A provider that accepts assignment cannot bill you for the difference between our allowable amount and what they would normally bill.

If your doctor does not accept CHAMPVA, you will be responsible for the provider's entire bill. You can file a claim with us, but we will only pay 75% of the CHAMPVA allowable amount. That means you could pay more if your provider does not accept CHAMPVA than you would if the provider does accept assignment.

You must pay an annual deductible; the deductible is $50 per person. Do not send us a check for your deductible—we will credit individual when we process the first claims each calendar year.

For covered outpatient services, we will pay up to 75 percent of the CHAMPVA allowable amount (after your deductible has been met) and you are responsible for the remainder, which is known as your cost share. See cost shares later in this section. The annual maximum that you can incur is $3,000. If you reach that limit, we will waive any cost share for the remainder of the year.

There are two parts to your costs: the annual deductible and a cost share (co-payment). Both are explained below.

If your provider accepts assignment, which means the provider will accept CHAMPVA, the provider agrees to accept our allowable amount as payment in full. A provider cannot ***balance bill** you, which is to say they cannot bill you for the difference between their normally billable amount and the CHAMPVA allowable amount.

If your provider does **not** accept ***assignment**, you are responsible for paying your annual deductible, your cost share and any provider-billed amount that exceeds our total ***allowable amount**.

For care that is **not** covered by ***CHAMPVA**, you pay the full bill.

ALLOWABLE AMOUNT

The allowable amount is the most we will pay for a covered medical service or supply. The CHAMPVA allowable amount is generally the same as TRICARE's or Medicare's allowable amount and is considered payment in full.

ANNUAL DEDUCTIBLE

The annual (calendar year) outpatient deductible is the amount that you must pay before we pay for covered outpatient medical services or supplies.

The deductible is $50. Once your deductible is satisfied, CHAMPVA will pay 75% of the allowable amount. As claims are processed for covered services, charges are automatically credited to individual requirements for each calendar year. **DO NOT** send checks to CHAMPVA to satisfy your deductible requirement.

There is no deductible for inpatient services, ambulatory surgery facility services, partial psychiatric day programs, hospice services or services provided by ***VA** medical facilities (***CITI**, ***MbM**).

COST SHARE

A cost share (co-payment) is the portion of the CHAMPVA ***allowable amount** that you are required to pay. With few exceptions, you will pay something toward the cost of your medical care. For covered outpatient services, we pay up to 75% of the CHAMPVA allowable amount after the deductible has been met. For your inpatient service cost share, please refer to the chart in this section entitled "Cost Summary," starting on page 39.

There is **no cost share** for hospice or services received through VA medical facilities. This includes services received at VA facilities under the ***CITI** program or medications obtained through the ***MbM** program.

CATASTROPHIC CAP

To provide financial protection against the impact of a long-term illness or serious injury, we have established an annual catastrophic cap of $3,000 per calendar year. This is the maximum out-of-pocket expense you can incur for ***CHAMPVA** covered services and supplies in a calendar year. Credits to the catastrophic cap are applied starting January 1st of each year and run through December 31st. If you reach the $3,000 limit, your cost share for covered services is waived for the remainder of the calendar year, and we pay 100% of the CHAMPVA allowable amount.

Each time we pay a bill, your deductible and cost share are calculated and credited to your catastrophic cap. The cumulative amount credited to your catastrophic cap is shown on the ***EOB** you receive after services are paid for. If you find an error, let us know immediately.

COVERAGE OUTSIDE THE UNITED STATES

If you live or travel overseas (excluding countries that are restricted or prohibited by the U.S. Department of Treasury), we provide the same benefits we would if you were in the U.S. Reimbursement for health care claims in foreign countries is based on reasonable and customary billed amounts. Your deductible and cost share will be the same as if you were in the U.S.

Claims written in English (billing and medical documentation) will be processed faster because we will not need to arrange for translation. If the billing and medical documentation is written in a foreign language, translation will be arranged at no cost to you. Our payments are made in U.S. dollars.

COST SUMMARY

BENEFITS	DEDUCTIBLE?	YOU PAY
Ambulatory Surgery	NO	25% of CHAMPVA ***allowable amount**
***Durable Medical Equipment (DME)**	YES	25% of CHAMPVA allowable amount
Emergency Room Charges	DEPENDS—whether the emergency care becomes part of inpatient charges or remains as an outpatient charge	The charges will be included in the inpatient charge if once you stabilize you are admitted to the hospital. Your payment will then be based on inpatient services. If you are not admitted, your payment is based on outpatient services.
Inpatient Mental Health: ***High Volume**	NO	25% of CHAMPVA allowable amount
Inpatient Mental Health: ***Low Volume**	NO	Lesser of: 1) per-day amount times the number of inpatient days; or 2) 25% of billed amount
Inpatient Services: ***Diagnosis Related Groups (DRG)** Based	NO	Lesser of: 1) per-day amount times the number of inpatient days; 2) 25% of billed amount; or 3) DRG rate
Inpatient Services: Non-DRG Based	NO	25% of CHAMPVA allowable amount
Outpatient Services (e.g., doctor visits, lab/ radiology, home health, mental health services, skilled nursing visits, ambulance)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy Services (retail)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy Services (mail order— ***Meds by Mail** or CITI	NO	Nothing
Professional Services	YES	25% of CHAMPVA allowable amount after deductible

WHEN CHAMPVA PAYS INCORRECTLY

We strive to be accurate, but there may be an inadvertent overpayment to you or your provider, depending on who submitted the claim. This might happen when we are not aware that you have other health insurance, when a provider bills us twice for the same service or if we mistakenly pay for services for you during a period of ineligibility. No matter whose fault the incorrect payment was, we are required to take action to get the money back from whomever received the erroneous payment. That is called ***recoupment**, and it is done to help ensure that your tax dollars are spent properly, according to the law.

If you were overpaid, you will receive a letter requesting repayment and explaining your rights under the law. You should respond to the request within 30 days. If you cannot afford to pay the money all at once, you may be able to make monthly payments. You will be asked for financial information if you request a waiver of the overpayment. Depending on the outcome of the review of that information, the debt might be reduced or waived. If you do not respond to our notification, action to collect the amount owed to the VA will begin.

SECTION 6: CLAIM-FILING INSTRUCTIONS

You have one year after the date of service to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the claim filing deadline will be denied. If you disagree with a timely filing denial you must file an appeal. Please refer to Section 8 for appeal instructions.

If you have been granted retroactive CHAMPVA eligibility, you have 180 days after your initial CHAMPVA Identification Card is issued to file claims with dates of service on or after you CHAMPVA effective date. Your effective date can be found on the lower left corner of your CHAMPVA Identification Card.

In most cases, your medical provider will complete and file your claim form with us for the services you received. However, there will be times when you will have paid for the medical service or supply and need to request reimbursement from us. If you file your own claim, it is important to fill out the claim form completely and correctly. A mistake, a forgotten signature, or other missing information can slow down your claim or result in an initial rejection of the claim. We cannot process the claim until we have all the correct information.

WHEN YOU SUBMIT THE CLAIM

You will need to send in these items:

- CHAMPVA Claim Form **(VA Form 10-7959a). These forms are available by phone or on the Web.**
- An itemized billing statement on a **CMS 1500** (doctor/professional) or **UB-04** (hospital/institutional) claim form containing the same information listed in the "Provider Submitted Claims" section. Ask your provider to itemize the bill on the appropriate form. (Copies of these forms are reproduced for illustration purposes only on the next few pages).

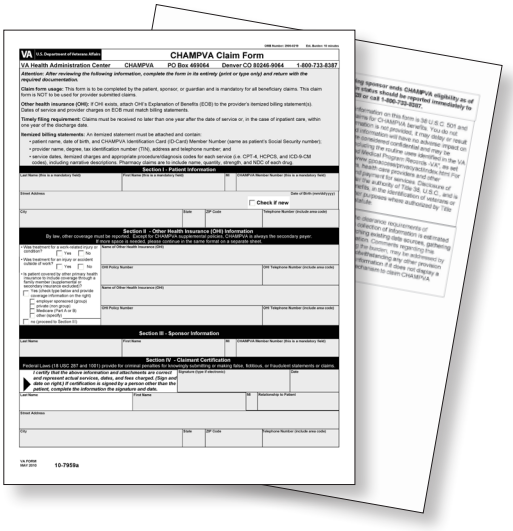
Tips for when you file claims

- Your name must be listed on the claim form exactly as it is on the ***CHAMPVA** Identification Card.
- Your CHAMPVA Member Number (your Social Security number) must be on the claim.
- Keep copies of all receipts, invoices and other documents.
- Separate claim forms are required for each CHAMPVA **beneficiary** in your household.

- If you do **NOT** use CHAMPVA Claim Form, **VA Form 10-7959a**, payment will be made directly to the health care provider instead of to you.

Filing a claim

- The easiest way to file a claim for reimbursement is to have your provider do it for you. Providers know what is required and, in most cases, will file electronically, which means faster processing and payment.
- If you file the claim yourself, here is what you need to do:
- Obtain a CHAMPVA Claim Form (VA Form 10-7959a) by calling us at 1-800-733-8387. You can also obtain the form from our website at: **http://www.va.gov/communitycare/pubs/forms.asp**


CHAMPVA Claim Form

VA Health Administration Center CHAMPVA PO Box 469064 Denver CO 80246-9064 1-800-733-8387

Section I - Patient Information

Section II - Other Health Insurance (OHI) Information

Section III - Sponsor Information

Section IV - Claimant Certification

10-7959a

- It is very important that your name is listed on the form exactly as it is on your CHAMPVA Identification Card. And be sure to date and sign the form. We CANNOT process your claim without your signature.
- Include the following information with the claim form (your health care provider may be able to quickly print out this information for you):
  - The full name and tax identification number of your provider
  - The address where payment should be sent, and the address where the services were provided
  - The provider's professional status (doctor, nurse, etc)
  - Specific date of the service
  - Appropriate medical code for each service (see this chapter for details)
- For pharmacy claims, ask the pharmacy to file the claim for you. If you file, we need a completed and signed CHAMPVA Claim Form, the name, address and phone number of the pharmacy, the name of the prescribing physician, the name, strength and quantity of each drug, the 11-digit National Drug Code (NDC) for each drug, the charge for each drug and the date the prescription was filled. If you have other health insurance, make sure your co-payment amount is included on your receipt.
- Send claims to: CHAMPVA Claims PO Box 469064 Denver, CO 80246-9064

PROVIDER SUBMITTED CLAIMS

If your provider submits the claim, they will either send it electronically or on a standardized paper form (**CMS-1500** or **UB-04**).

Tips for when your provider files claims

- Claims submitted electronically are processed more quickly. If your providers can send the claims electronically and are not doing so, have your provider contact us.
- An itemized billing statement on a **CMS-1500** or **UB-04** form is required with the following information:
  - Full name, address and tax identification number of the provider
  - Address where payment is to be sent

- Address where services were provided
- Provider professional status (doctor, nurse, physician assistant, etc.)
- Specific date of each service provided. Date ranges are acceptable only when they match the number of services/units of services
- Appropriate medical code (ICD-10, ***CPT**, ***HCPCS**) for each service
- Itemized charges for each service

- Medical records or notes must be submitted with the bill in some cases. The guide notes many of those services, like skilled nursing, home health care and some surgical procedures that require medical documentation.

PHARMACY CLAIMS

Most pharmacies submit claims to us electronically. The following information is required for pharmacy claims, regardless of whether submitted electronically or on paper and regardless of whether submitted by the pharmacy or by you:

- An invoice/billing statement that includes:
  - Name, address and phone number of the pharmacy
  - Name of prescribing physician
  - Name, strength, quantity for each drug
  - 11-digit ***National Drug Code (NDC)** for each drug
  - Charge for each drug
  - Date prescription was filled

  > **Important note:** Ask your pharmacist to provide you with a printout showing all of the necessary information.

- If you send us a claim, use ***CHAMPVA** Claim Form (**VA Form 10-7959a**).

WHERE TO MAIL CLAIMS

- Mail CHAMPVA
  PO Box 469064
  Denver, CO 80246-9064

CLAIM-FILING DEADLINES

You have one year after the date of service to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the claim filing deadline will be denied.

EXPLANATION OF BENEFITS (EOB)

After a claim has been filed for your health care service, you will receive an ***Explanation of Benefits (EOB)** from us in the mail. The EOB lists the details of the services you received and the amount you may be billed by your provider.

If you paid for the service and submitted a claim for reimbursement, the EOB will tell you how we calculated your cost share. The EOB contains the following information:

- Amount billed by the provider
- Amount allowed by ***CHAMPVA**
- Amount not covered
- Annual catastrophic cap accrual
- ***Beneficiary** deductible accrual
- CHAMPVA payment(s)
- Date(s) of service
- Provider name
- Remarks
- Amount paid by other health insurance plan or program

When a provider files a claim, the EOB is sent to both you and the provider. When you file a claim, the EOB is sent only to you. When your health care service is received through a ***VA** source (such as ***Meds by Mail** or ***CITI**), an EOB is not sent to you.

A–Information only, no check enclosed: Indicates that a U.S. Treasury check is not enclosed. When there is a payment, this will read "Check Enclosed."

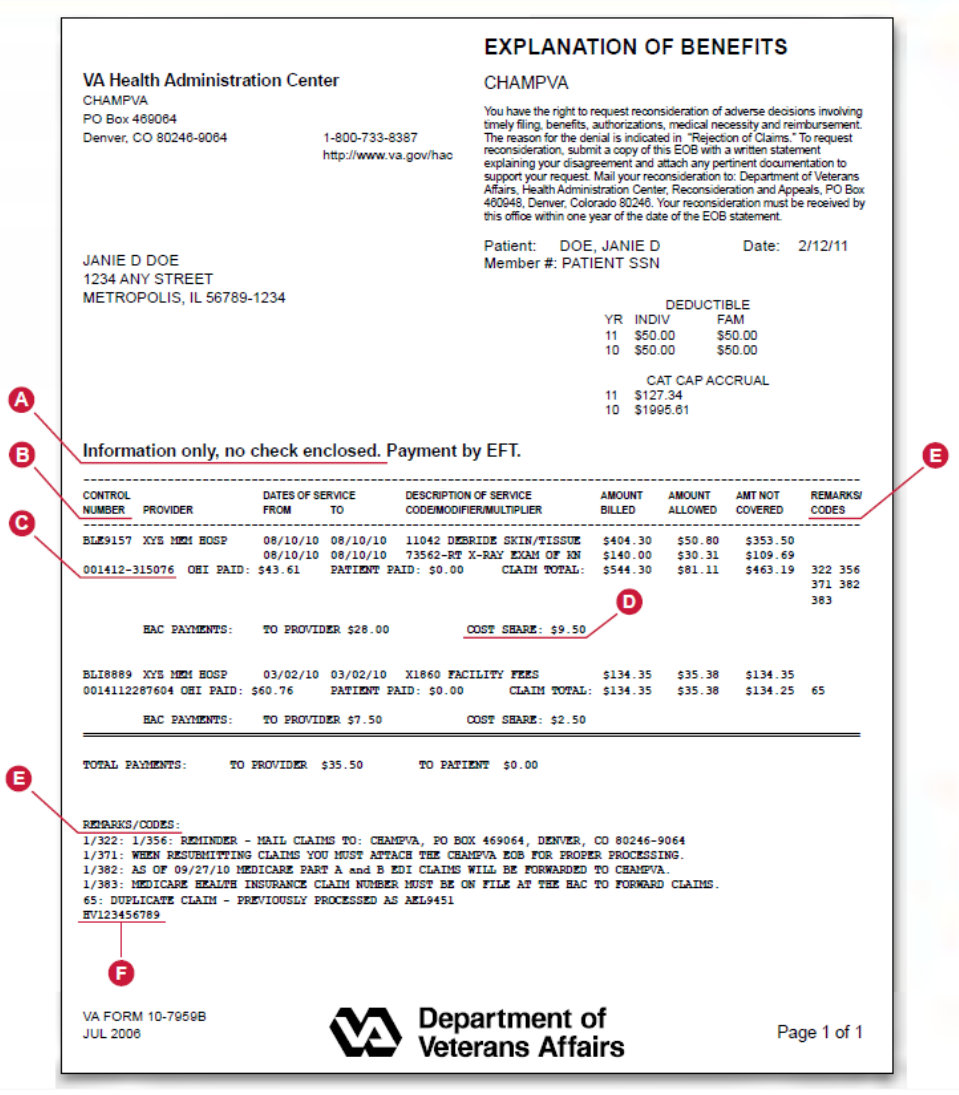
B–Control Number(s): The CHAMPVA claim specific identifier (always starts with two alpha characters).

C–Patient Control Number: Provider claim specific identifier (not always present).

D–Cost Share: Patient's payment responsibility.

E–Remarks/Codes: A code in this column relates to the narrative description at the bottom of the EOB.

F–FMS Doc ID Number: This 11-digit number further assists in identifying payments.



EXPLANATION OF BENEFITS

VA Health Administration Center
CHAMPVA
PO Box 469064
Denver, CO 80246-9064

1-800-733-8387
http://www.va.gov/hac

CHAMPVA

You have the right to request reconsideration of adverse decisions involving timely filing, benefits, authorizations, medical necessity and reimbursement. The reason for the denial is indicated in "Rejection of Claims." To request reconsideration, submit a copy of this EOB with a written statement explaining your disagreement and attach any pertinent documentation to support your request. Mail your reconsideration to: Department of Veterans Affairs, Health Administration Center, Reconsideration and Appeals, PO Box 469048, Denver, Colorado 80246. Your reconsideration must be received by this office within one year of the date of the EOB statement.

JANIE D DOE
1234 ANY STREET
METROPOLIS, IL 56789-1234

Patient: DOE, JANIE D Date: 2/12/11
Member #: PATIENT SSN

DEDUCTIBLE

YR	INDIV	FAM
11	$50.00	$50.00
10	$50.00	$50.00

CAT CAP ACCRUAL

11	$127.34
10	$1995.61

A Information only, no check enclosed. Payment by EFT.

CONTROL NUMBER	PROVIDER	DATES OF SERVICE FROM	TO	DESCRIPTION OF SERVICE CODE/MODIFIER/MULTIPLIER	AMOUNT BILLED	AMOUNT ALLOWED	AMT NOT COVERED	REMARKS/ CODES
BLE9157	XYZ MEM HOSP	08/10/10	08/10/10	11042 DEBRIDE SKIN/TISSUE	$404.30	$50.80	$353.50	
		08/10/10	08/10/10	73562-RT X-RAY EXAM OF KN	$140.00	$30.31	$109.69	
001412-315076	OHI PAID: $43.61	PATIENT PAID: $0.00		CLAIM TOTAL:	$544.30	$81.11	$463.19	322 356 371 382 383

HAC PAYMENTS: TO PROVIDER $28.00 COST SHARE: $9.50

BLI8889	XYZ MEM HOSP	03/02/10	03/02/10	X1860 FACILITY FEES	$134.35	$35.38	$134.35	
0014112287604	OHI PAID: $60.76	PATIENT PAID: $0.00		CLAIM TOTAL:	$134.35	$35.38	$134.25	65

HAC PAYMENTS: TO PROVIDER $7.50 COST SHARE: $2.50

TOTAL PAYMENTS: TO PROVIDER $35.50 TO PATIENT $0.00

REMARKS/CODES:
1/322: 1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, PO BOX 469064, DENVER, CO 80246-9064
1/371: WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.
1/382: AS OF 09/27/10 MEDICARE PART A and B EDI CLAIMS WILL BE FORWARDED TO CHAMPVA.
1/383: MEDICARE HEALTH INSURANCE CLAIM NUMBER MUST BE ON FILE AT THE HAC TO FORWARD CLAIMS.
65: DUPLICATE CLAIM - PREVIOUSLY PROCESSED AS AEL9451
EV123456789

VA FORM 10-7959B
JUL 2006

Department of Veterans Affairs

Page 1 of 1

YOU MAY APPEAL DENIALS OF:

- Eligibility determinations
- Benefit coverage
- Authorization requests
- Services

SECTION 7: APPEALS REQUESTS

For an appeal to be considered, you must:

- Submit the request in writing within one year of the date of the ***EOB**, in the case of a denial of a service or benefit, or one year from the date of the letter notifying you of a denial of eligibility or service:
- Identify why you believe the original decision is in error,
- Include a copy of the EOB or determination letter and
- Submit any new and relevant information not previously considered.

> **Important note:** If the reason for the appeal is not identified, the request will be returned to you with no further action.

After reviewing your appeal and supporting documentation, a written decision will be sent to you. If you still disagree with the decision, you may request a second review. That request for review must be received within 90 days of the date of the initial decision. Identify why you believe the decision is in error and include any additional relevant information. Second level appeal determinations are final decisions and cannot be appealed again.

We will not reconsider appeals regarding:

- The cost share or amount of an individual's deductible. By law, this amount is payable by you.
- The ***allowable amount** based on a payment methodology.
- Medical providers sanctioned or excluded by the Department of Health and Human Services (DHHS) or the Office of Inspector General (OIG).
  - Providers may be sanctioned for failure to maintain proper medical credentials, fraud and abuse, default on public loans or various other reasons. Only the sanctioned provider or appointed representatives can appeal this decision, and that appeal must go to DHHS-OIG.
- Benefits that are specifically excluded by regulation.

Appeal requests that relate to the following situations will not receive a formal review, but will be reprocessed when the missing information is received or when you notify us the billing has been resubmitted with a correction. This includes:

- Claim denials for missing code information: Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Internal Classification of Diseases (ICD 9/10) and National Drug Codes (NDC).
- Decisions on claims where we are requesting more information before an action is taken on your claim. Examples of this may include claim denials requesting medical documentation, operative reports, treatment plans or a certificate of medical necessity.
- Billing errors (e.g., incorrect date of service, incomplete or missing procedure codes, and/or billed charges) where a corrected bill is submitted to modify the original claim.
- Determinations of a Veteran's service-connected disability rating must be submitted to the local servicing Veterans Affairs Regional Office (VARO). The VARO determines the service-connected rating, and a challenge regarding their determination must be submitted to them.

SECTION 8: HELP FIGHT FRAUD

Combating fraud takes a cooperative effort. Please help us by reviewing your ***EOB** to be sure that the services billed to us were reported properly. If you see a service or supply billed to us that you did not receive, please report it immediately in writing. Indicate in your letter that you are filing a potential fraud complaint and document the following facts:

- The name and address of the provider.
- The name of the ***beneficiary** who was listed as receiving the service or item.
- The claim number.
- The date of the service in question.
- The service or item that you do not believe was provided.
- The reason why you believe the claim should not have been paid.
- Any additional information or facts showing that the claim should not have been paid.

DETECTION TIPS

- Providers who routinely do not collect your cost share (co-payment)
- Providers billing for services that you did not receive
- Providers billing for services or supplies that are different from what you received

If you suspect fraud, waste or abuse, contact us at:

- Mail: **CHAMPVA**
  Office of Community Care/Program Integrity
  PO Box 461307
  Denver, CO 80246-5307
- FAX: **1-303-398-5295**

PREVENTION TIPS

- Always protect your ***CHAMPVA** Identification Card and only give your CHAMPVA member number to people with whom you are familiar.
- Be skeptical of providers who tell you that a particular item or service is not usually covered by us, but know how to bill for the item or service to get it paid.

SECTION 9: NOTICE OF PRIVACY PRACTICES

The *VA Notice of Privacy Practice* briefly describes:

- How your health information may be used and disclosed,
- Your rights regarding your health information and
- Our legal duty to protect the privacy of your health information.

For a more complete description of our privacy practices, you should carefully review the Notice of Privacy Practices that is available on our website at **https://department.va.gov/privacy/**.

YOUR HEALTH INFORMATION

Any information we create or receive about you and your past, present or future:

- Physical or mental health condition
- Health care
- Payment for medical services

How We May Use and Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, federal law allows us to use and disclose your health information without your permission for the following purposes:

- Treatment
- Eligibility and enrollment for VA benefits
- Public health
- Research (with strict limitations)
- Abuse reporting
- Workers' compensation
- Patient directories
- Payment
- Law enforcement
- Judicial or administrative proceedings
- Services
- Correctional facilities
- Coroner or funeral activities (with limitation)
- When required by law
- Health care operations
- Health care oversight
- National security
- Health or safety activities
- Military activities
- Family members or others involved in your care (with limitations)

DEPARTMENT OF VETERANS AFFAIRS SUMMARY NOTICE

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights

- Review your health information.
- Obtain a copy of your health information.
- Request that your health information be amended or corrected.

- Request that we not use or disclose your health information.
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner.
- An accounting or list of disclosures of your health information.
- Receive our *VA Notice of Privacy Practices* upon request.

Changes

We reserve the right to change the VA *Notice of Privacy Practices*. In the event that happens, the revised privacy practices will apply to all of your health information we already have, as well as to the information we receive in the future. We will send a copy of the revised notice to your last address of record within 60 days of any change.

Complaints

If you are concerned that your privacy rights have been violated, you can file a complaint with the VHA or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with VHA you may contact your VA health care facility privacy officer, the VHA privacy officer, or VHA via "*Contact the VA*" at **http://www.va.gov**. Complaints do not have to be in writing, although it is recommended. You will not be penalized or retaliated against for filing a complaint.

REQUESTING OR RELEASING HEALTH INFORMATION

- Use **VA Form 10-5345a**, *Individual's Request for a Copy of Their Own Health Information* to request a copy of your record or a copy of a document in your record to be sent to you. (The form is available by phone or on the Web.)
- Use **VA Form 10-5345**, *Request for and Authorization to Release Medical Records or Health Information*, if you want us to send a copy of your record or a copy of a specific document in your record to a person or entity other than yourself. For example, this form is used if you want your information to go to a legal office.
- Use **VA Form 10-5345**, *Request for and Authorization to Release Medical Records or Health Information* if you want us to discuss claims and eligibility information from your file.
  - Print the words "*Recurring Disclosure Authorization*" in the Authorization block.
- Use **VA Form 10-5345a**, *Individual's Request for a Copy of Their Own Health Information*, to obtain access to selected information from your CHAMPVA record.

Mail all requests for health information from your record to:

- Mail: CHAMPVA Eligibility
  PO Box 469028
  Denver, CO 80246-9028

SECTION 10: WORD/ACRONYM DEFINITIONS

Word/Acronym	Definition
Adjunctive	The treatment is a necessary part of approved care for a covered medical condition.
Allowable Amount	The amount we pay plus your cost share.
Assignment	When you go to a medical provider, find out if the provider will accept CHAMPVA. Providers most often refer to it as accepting assignment. What that means is the provider will bill us directly for covered services, items and supplies. Doctors or providers who agree to accept assignment cannot try to collect more than the CHAMPVA deductible and cost share amounts from you.
Balance Billing	Balance billing is inappropriate. When the provider accepts assignment, it is an agreement to accept the Department of Veterans Affairs allowable amount as payment in full. You are not responsible for paying the difference between the provider's billed amount and our determined allowable amount.
Beneficiary	An approved primary family caregiver.
Centers for Disease Control (CDC)	The major United States government agency for disease prevention based in Atlanta, Georgia.
Certificate of Medical Necessity (CMN)	A document provided by your physician that indicates the medical necessity for the care or services prescribed as part of your treatment plan.
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs.

Word/Acronym	Definition
CITI	CHAMPVA Inhouse Treatment Initiative. CITI is a voluntary program that allows for the treatment of CHAMPVA beneficiaries at VA Medical Centers. There is no cost share for the CHAMPVA beneficiary treatment at a VA Medical Center. Each VA medical center that participates in the CITI program offers different services based on unused capacity.
Current Procedural Terminology (CPT)	The purpose of this terminology is to provide a uniform language that will accurately describe medical, surgical and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients and third parties. CPT is the most widely accepted nomenclature for the reporting of physician procedures, services and billing purposes under government and private health insurance programs.
Custodial Care	Treatment or services, regardless of who recommends them or where they are provided, that could be rendered safely and reasonably by a person not medically skilled, or that are designed mainly to help the patient with daily living activities. These services include but are not limited to: • Personal care, such as help in walking; getting in and out of bed; bathing; eating by spoon, tube or gastrostomy; exercising; dressing; • homemaking, such as preparing meals or special diets; • moving the patient; • acting as companion or sitter; • supervising the medication that can usually be self-administered; or • treatment or services that any person could be able to perform with minimal instruction, including but not limited to recording temperature, pulse and respiration, or administration and monitoring of feeding systems.
Diagnosis Related Groups (DRG)	A system that hospitals use to classify the resources used to treat a specific condition or related condition based on the clinical needs of the patient. The DRG determine the reimbursement to the hospital.
Durable Medical Equipment (DME)	Medical equipment used in the course of treatment or home care, including such items as crutches, knee braces, prostheses, wheelchairs, hospital beds, etc. Health coverage levels for DME often differ from coverage levels for office visits and other medical services.
Explanation of Benefits (EOB)	A form that provides details of what was paid and the amount of payment.
FDA	Food and Drug Administration

Word/Acronym	Definition
Formulary	A health plan's list of preferred drugs based on evaluations of the drugs' effectiveness, safety and cost.
Healthcare Common Procedure Coding System (HCPCS)	Health care procedure codes used for billing purposes. The HCPCS is divided into two principal subgroups: Level 1 codes are based on the American Medical Association's Current Procedural Terminology (see above). Level 2 codes are used primarily to identify products, supplies and services not included in the CPT codes, such as ambulance services and durable medical equipment.
Health Maintenance Organization (HMO)	An organization that provides comprehensive health care to voluntarily enrolled individuals and families in a particular geographic area by member physicians with limited referral to outside specialists
High Volume	Residential and treatment centers that have 25 or more mental health discharges annually are considered high-volume facilities.
Internal Classification of Diseases	The ICD-CM (clinical modification) used within the VA is The World Health Organization's official system of assigning codes to diagnoses and procedures associated with hospital utilization and mortality in the United States. The ICD-CM serves as a useful tool to classify morbidity data for indexing medical records, medical care review and ambulatory and other medical care programs as well as for basic health statistics.
Low Volume	Treatment centers that have fewer than 25 mental health discharges annually are considered low-volume facilities.
Medical Necessity	Services, drugs, supplies or equipment provided by a hospital or covered provider of the health care services that we determine: • are appropriate to diagnose or treat the patient's condition, illness or injury; • are consistent with standards of good medical practice in the U.S.; • are not primarily for the personal comfort or convenience of the patient, the family or the provider; • are not a part of or associated with the scholastic education or vocational training of the patient and • in the case of inpatient care, cannot be provided safely on an outpatient basis.
Meds by Mail (MbM)	A pharmacy mailing service that provides a safe, easy and cost-free way for eligible CHAMPVA beneficiaries to receive non-urgent maintenance medications delivered directly to their homes.
National Drug Code (NDC)	An 11-digit code used to identify pharmaceuticals.

Word/Acronym	Definition
Non-Peak Hour	Period of time that call volume is most often less than other times of the day.
Over-the-Counter Medications	Medications that do not require a prescription.
Payer	Provides payment for a covered medical procedure or supply. A primary payer pays on the claim first; secondary payers and payers of last resort, if available, pay after the primary payer.
Preferred Provider Organization (PPO)	An organization providing health care that gives economic incentives to the individual purchaser of a health-care contract to patronize certain physicians, laboratories and hospitals that agree to supervision and reduced fees.
Primary Payer	A health insurance plan that will pay first on the bills for service. These are typically major medical health plans.
Recoupment	Collection of a debt owed to the government.
Third Party Liability (TPL)	The term "third party" means any of the following: a federal entity, state or political subdivision of a state, an employer or an employer's insurance carrier, automobile accident reparations insurance carrier, person or entity obligated to provide, or to pay the expenses of, health services under a health-plan contract.
VA	Department of Veterans Affairs.
VAMC	VA Medical Center.
VARO	Veterans Affairs Regional Office
VHA CC	Veterans Health Administration Office of Community Care (VHA CC), which administers CHAMPVA.

VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Mail: **VHA Office of Community Care**
CHAMPVA /Primary Family Caregiver
PO Box 469063
Denver, CO 80246-9063

Date Reviewed: May 11, 2018