



Claims Processing Guidelines

Key Points

- VA CCN providers must submit claims to Optum within 180 days from the date of services for outpatient care or date of discharge for inpatient care.
- Use the Veteran's Social Security number (SSN) or integration control number (ICN), listed on the approved referral, as insured ID.
- Medical documentation must be sent directly to VA and not submitted to Optum with the claim.

VA CCN Claim Submission Guidelines

VA CCN providers must submit a claim on one of the following nationally recognized claim forms:

- CMS 1500
 - Veteran's SSN or ICN in box 1a
 - Referral number or UCERN in box 23
- UB-04 or CMS1450
 - Veteran's SSN or ICN in box 60
 - Referral number or UCERN in field 63A
- American Dental Association (ADA) claim form (dental codes only)
 - Veteran's SSN or ICN in box 15
 - Referral number in field 2

NOTE: Medical providers who are billing dental procedures must submit a dental claim form to Logistics Health Inc. on an ADA claim form with the appropriate CDT code(s).



Claims Processing and Filing Requirements for VA CCN

Optum is committed to processing 98% of all clean claims within 30 days of receipt of the clean claim. Clean claims are claims received with all the required data elements necessary for a successful EDI transaction, as well as all required fields for VA CCN.

Veterans are to be held harmless and may not be billed for any reason, including, but not limited to, when claims for services are denied for any of the reasons identified below. Claims submitted that are missing one or more of the following elements will be denied:

- The Veteran's SSN or ICN
- An approved referral number
- A valid NPI number
- Additional reasons that a claim may be denied include, but are not limited to, the following examples:
 - Claims for care that are not within the scope of the approved referral
 - Duplicate claims
 - Claims for services that are not part of the Veteran's medical benefits package
 - Claims submitted on unapproved claim forms (Resubmitted claims on approved claim forms must be submitted within the timely filing deadline of 180 days from date of service or date of discharge.)
 - Emergency claims submitted by an in-network emergency department when an approved referral does not exist due to the in-network emergency department not contacting VA within 72 hours of the Veteran self-presenting to the emergency department to request and receive a retroactive referral
 - Claims that are not submitted within 180 days from the date of service or date of discharge (i.e., claims that are submitted past the timely filing deadline)
 - Administrative charges related to completing and submitting the applicable claim form
 - The provider fails to submit a claim, according to the claims adjudication rules
 - The provider delivers health care services outside of the validity period specified in the approved referral.

Out-of-network providers providing emergency services need to submit health care claims directly to VA and follow VA claims submission procedures.

Claims for ancillary services will be processed in accordance with CMS NCCI, MUE and related edits.

In addition, providers may not charge Veterans for missed appointments.

For more details, refer to the VA CCN Provider Manual available in the Optum VA Community Care Network portal at provider.vacommunitycare.com > Training & Guides.



Tips to Receive Prompt Payments: Identifying Optum as the Third-Party Administrator

Approved referrals from VA may show one of three different networks: Optum CCN, TriWest PC3 or VA VCA. As VA CCN is implemented in your area, registration and billing staff must be aware of the third-party administrator to bill appropriately and be paid quickly. Please share details with your staff.

On the **VA CCN referral**, look for the following **Affiliations** and **Networks** specific to the VA CCN Region indicating Optum is the third-party administrator:

Affiliations:

- CCN1
- CCN2
- CCN3

Network:

- CC Network 1
- CC Network 2
- CC Network 3

When you see the above **Affiliations** and **Networks** on an approved referral, the Veteran should be registered as VA CCN, and the claim should be submitted to Optum (or LHI for dental claims) using EDI, secure fax, mail or the provider portal.

Sample Referral Form:

REFER ALL QUESTIONS RELATED TO THIS APPROVAL TO THE ISSUING VA OFFICE
Referring VA Facility: Philadelphia VA Medical Center Station Number: 642 Ordering Officer: Telephone Number: 555-555-0000 ext 6310 Address: 000 Any Avenue Any City PA 19104 Referring Provider: PROVIDER ONE Referring Provider NPI: 000000000 Unique Consult No: 642_0000000 Program Authority: Authorized/Pre-authorized VA Referral (not otherwise specified) - 1703 Affiliation: CCN1 Network: CC Network 1
Billing and Other Referral Information
Submitting Claims ANY CLAIMS RELATED TO THIS EPISODE OF CARE MUST BE SUBMITTED TO OPTUM UNITEDHEALTH CARE AND INCLUDE THE APPROVED REFERRAL NUMBER.
Methods to submit claims: Electronic Data Interchange (EDI): Payer ID for Medical and Dental – VACCN
More information on how to submit claims can be found by visiting https://www.va.gov/COMMUNITYCARE/revenue_ops/Veteran_Care_Claims.asp .



Filing a Claim

Electronic submissions are preferred.

- Electronic Data Interchange (EDI):
 - Payer ID for Medical and Dental: VACCN to Optum UnitedHealthcare and include the approved referral number.
- Community care providers may also submit online:
 - Medical: Go to provider.vacommunitycare.com > Medical/Behavioral Provider.
 - Dental: Go to provider.vacommunitycare.com > Dental Provider.

Follow the [XpressClaim Guide](#) to submit claims directly on the portal.

If electronic capability isn't available, VA CCN providers can submit claims by secure fax or mail.

- Medical
 - Mailing Address:
VA CCN Optum
P.O. Box 202117
Florence, SC 29502
 - Secure Fax: 833-376-3047
- Dental
 - Mailing Address:
Logistics Health Inc.
Attn: VA CCN Claims
328 Front St. S.
La Crosse, WI 54601
 - Secure Fax: 608-793-2143
Please specify VA CCN on the fax.

Electronic Payments and Statements

To enroll in Optum Pay services, administered through Optum Bank, access myservices.optumhealthpaymentservices.com.

Claim Reconsiderations

Reconsideration is a formal process by which a VA CCN provider may request that Optum review a claim denied partially or in whole, or where a VA CCN provider believes payment was incorrect.



- Where a claim is denied partially or in whole, a reconsideration request must be filed within 90 calendar days from the date of denial.
- Where a claim has not been denied partially or in whole, but the VA CCN provider believes the claim has been incorrectly paid, the VA CCN provider must file a reconsideration request within 12 months after the claim was initially processed.

Reconsideration requests should be in writing and include the claim number, date of service, Veteran name and reason for the request – along with an explanation/justification for reconsideration.

Providers can request reconsiderations of multiple claims in a single letter or use the Grievance form available at provider.vacommunitycare.com > Documents & Links.

Please send reconsideration requests to the address or fax number listed on the remittance advice. If unable to locate the address, please submit reconsideration request by mail or fax:

- **Mail:**
VA Community Care Network
Appeals and Grievance
Team MS-21
3237 Airport Road
La Crosse, WI 56403
- **Secure Fax:** 877-666-6597
- **Secure Email:**
 - Region 1: FaxAG1@optumserve.com
 - Region 2: FaxAG2@optumserve.com
 - Region 3: FaxAG3@optumserve.com

More Information and Training

Providers participating in the VA CCN can find more information at provider.vacommunitycare.com > Training & Guides.

This is where VA CCN providers will find the Provider Manual and other resources, including:

- Claims training and tools
- Instructions for submitting medical documentation to VA
- Resources and tools to view and manage referrals