Provider Claims and Reimbursement
PC3 Quick Reference Guide

Effective April 1, 2022, new authorizations for care must be under CCN. Providers must have an approved referral/authorization on file before rendering care, unless the Veteran needs urgent or emergent care.

TriWest will continue to pay PC3 claims on approved referrals for dates of service through the authorization expiration date or March 31, 2022, whichever comes first, unless specifically authorized by VA for retroactive processing.

Key Points:

- **All PC3 services,** with the exception of the Urgent Care/Retail Location benefit, and emergency care, required a prior authorization from TriWest Healthcare Alliance to prevent claims denials.
- Medical documentation must be submitted to the authorizing Department of Veterans Affairs Medical Center (VAMC).
- Claims must be submitted to PGBA, TriWest's claims processor.
- Claims should be submitted within 30 days after services have been rendered but never later than 120 days.
- Providers will not collect copays, cost-shares, or deductibles.
- Providers will be paid for all authorized care according to their contract or agreement with TriWest under the Department of Veterans Affairs (VA) Community Care programs.
- According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by TriWest on behalf of VA to a non-VA facility or provider shall be considered payment in full. Providers may not impose additional charges to TriWest or the Veteran for services that have been paid by VA.
- Regardless of submission method, providers may check the status of submitted claims by registering for a secure account on the [TriWest Provider Portal](#).
- Use Payer ID **TWVACCN** when submitting claims to PGBA.

Follow These Steps to Submit Claims:

First, ensure you have submitted medical documentation/records to your authorizing VAMC.

- Medical documentation submission is a requirement for program participation. Providers must submit documentation directly to the authorizing VAMC.
  - If possible, upload documentation via the [HealthShare Referral Manager](#) (HSRM) Portal managed by VA. If unable to access the portal, please contact the authorizing VAMC or the VAMC point of contact indicated in your authorization letter. VA will provide you with alternate submission methods.
  - Do NOT send medical documentation to TriWest with your claims unless it is an explanation for an unlisted code.

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Next, Submit Claims to PGBA

→ TriWest uses PGBA for claims processing. After submitting medical documentation to your authorizing VAMC, submit claims either electronically or via mail to PGBA. **Do NOT submit medical documentation to PGBA with your TriWest claims!**

→ Always include your VA authorization number on the claim. Claims without authorization numbers will be denied if received after 12/1/2021.

→ **Be sure to include your tax identification number (TIN) in all communications.**

Timely Filing:

→ VA Community Care programs have a 120-day timely filing requirement. Providers must submit initial claims within this timeframe.

→ For a claim appeal, providers have 90 days from the date of the denial/remittance advice to re-submit or appeal (details in the chart below).

→ Providers can request an appeal or an override from TriWest regarding timely filing of claims. If a provider believes he/she was wrongly denied a claim and wants to appeal for timely filing reconsideration, the provider can submit a Provider Claims Timely Submission Reconsideration Form. The provider must include all documentation, including Other Health Insurance EOBs, proof of timely filing, claim forms, the Claim Rejection letter, and other information relevant to appeal determination.

Claims denied for timely filing cannot be billed back to the Veteran or VA.

Find additional tools for your claims questions!

FQHC Claims Quick Reference Guide
ASC Facility Claims Quick Reference Guide
Emergency Health Care Services Quick Reference Guide
Chiropractic and Acupuncture Quick Reference Guide

We also offer training on Claims Basics for those providers who do not typically bill third-party insurance. Visit the TriWest Payer Space on Availity at www.availity.com to take the training.

Provider Reimbursement Details – Key Details	
VA-Authorized Care	No payment will be made to a provider for unauthorized services rendered to Veterans. Services must be pre-authorized by VA.
Provider Tools	✦ For more information on billing and claims, please register for one of TriWest's Billing Webinars or view an on-demand eSeminar. • The enrollment form, along with TriWest's Provider Handbook and additional tools, are available on Availity.com. ✦ Providers can register for a secure account via TriWest Payer Space on Availity (www.availity.com) to file claims or access quick reference guides and other provider resources. ✦ Providers can check the status of submitted claims by logging into their secure account on the TriWest Payer Space on Availity (www.availity.com)
Reimbursement Methodologies	Reimbursement rates and methodologies are subject to change per VA guidelines. ✦ Provider reimbursement follows current Centers for Medicare and Medicaid (CMS) fee schedule, and pays at the contractual allowed amount of this rate. ✦ If CMS does not define a rate, rate defaults to VA Fee Schedule. This VA rate is established by a servicing VAMC. ✦ VAMC may establish rates for frequently billed codes with no Medicare rate, targeting the 75th percentile. ✦ If VA does not define a rate, rate defaults to the Usual and Customary Rate (UCR) defined by FAIR Health (https://www.fairhealth.org/). ✦ If no UCR is defined, providers are paid at the contractual percentage of reasonable billed charges.
Payment in Full	According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by VA to a non-VA facility or provider shall be considered payment in full. Accordingly, the facility or provider, or the agent for the facility or provider may not impose any additional charge for any services for which payment is made by VA to either TriWest or the Veteran beneficiary.

Provider Reimbursement Details	
Copays, Cost-Shares and Deductibles	◆ Providers will collect no copays, no cost-shares and no deductibles. ◆ Providers are paid 100% of the allowed amount for authorized care according to their contract or agreement.
Claims Appeals and Correspondence	◆ Submit reconsideration requests and written correspondence in support of a claim via mail to: TriWest Claims, PO Box 42270, Phoenix AZ 85080. ◆ **Appeals must be submitted within 90 days** of receipt of the Provider Remittance Advice or Remittance Advice. ◆ Please submit each appeal separately. Do not combine appeals.
Claims for Ancillary – Participating and Nonparticipating	◆ If you are an ancillary or "downstream" provider, you can submit a claim for pre-authorized services that are associated with the primary provider's authorization. *You must submit your claim with the VA authorization number provided for the episode of care!* ◆ If the service codes and the associated authorization number align, your claim will process and pay. ◆ The process for submitting claims as an ancillary provider applies to both participating and nonparticipating providers.
Claims Submission on Paper	◆ Paper claims should be submitted by mail to: TriWest VA CCN Claims, PO Box 108851, Florence, SC 29502-8851. ◆ Do not submit medical documentation to PGBA along with claims. PGBA cannot transmit these to VA. ◆ Paper claims submitted on non-compliant forms, or which are hand-written and cannot scan cleanly, may be rejected by PGBA. ◆ To minimize OCR errors, use a 10-point Courier or Courier New 10 mono-space font with a 10-pitch setting. Don't mix fonts or use italics, script, percent signs, question marks, or parentheses.
Electronic Data Interchange (EDI) Enrollment	◆ Providers may submit electronic claims to PGBA through already established clearinghouse agreements. Use Payer ID TWVACCN. ◆ To enroll in EDI, login to the TriWest Payer Space on Availity.com. Click on the Resources tab, select the PGBA EDI Provider Trading Partner Agreement, complete the forms and follow the instructions to submit them by either fax or mail.

Electronic Transaction Trading Partners: Clearinghouses, Billing Services	➔ If your clearinghouse already files EDI claims to PGBA, it will be assigned a new PGBA Trading Partner/Submitter ID. Your clearinghouse must sign and submit a Trading Partner Agreement and enrollment form, which can be found under the Resources tab on the TriWest Payer Space on Availity.com.
	➔ If you submit electronically through a clearinghouse, use the TriWest Payer ID TWVACCN.
	➔ Availity's Basic Clearinghouse option allows providers to submit claims without an additional charge to the provider. Register for a free account at www.availity.com.
	➔ Providers can submit electronic claims without a clearinghouse account. New direct submitters must file a Trading Partner agreement to be assigned a submitter ID. The EDI Gateway User manual provides the information you will need to determine if direct submissions are the right option for you. Contact the PGBA EDI Help Desk at 800-259- 0264, or email PGBA.EDI@pgba.com to request a copy of the EDI Gateway User manual.
	➔ To enroll in Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA), visit TriWest's Payer Space on Availity.com and go to the Resources tab for the PGBA EFT/ERA Enrollment Package and the PGBA EDI Provider Trading Agreement. Please allow time for processing before contacting PGBA for follow up.
Issues and Questions Contact Information	➔ If you have questions or issues on claims, contact TriWest Provider Services at providerservices@triwest.com or call TriWest's CCN Contact Center at 877-226-8749.
Claims Status	➔ You can check your claim status via TriWest's Payer Space on Availity. Login to your Availity account and then click on the Claims & Payments option located on the top-left corner of the main screen. Under Claims & Payments, select the Claim Status option.
	➔ The Claim Status tool allows you to check the status of a submitted claim and view remittances. These include: • The ability to have simultaneous multiple and different search options • The ability to view multiple claims status simultaneously • The ability to export search results into a CSV Excel file • A more detailed "claims status detail view," allowing providers to see the reason for a claims denial
	➔ Providers can also search claims by: • Member ID • Tax ID • Service date • Claim number
	➔ If you have problems checking your claims status, visit Availity to use the secure "Chat with TriWest" feature, or call TriWest Claims Customer Service at 877-CCN-TRIW (877-226-8749) from 8 a.m. to 6 p.m. in your time zone.

Recoupment	When TriWest identifies an overpayment, a recoupment is initiated ➜ A letter is mailed to the billing address of the practice or facility providing information regarding the reason for recoupment. ➜ If the overpayment is promptly returned by the provider, the recoupment case is closed. To ensure the recoupment is credited to the correct case, include a copy of the original recoupment letter with the remittance. ➜ If there is an overpayment balance remaining, TriWest will offset it against current and future claims as necessary. Your remittance advice will detail these amounts.
Returning Incorrect Payments	➜ For overpayments owed to TriWest, send monies to TriWest VACCN, PO Box 108852, Florence, SC 29502-8852. You must include copy of PRA and/or the Refund Control Number (RCN) with the refund. ➜ To ensure the refund is credited to the correct claim when returning payments, include the RCN on your check and/or a copy of the provider remittance advice or ERA. ➜ If one of these documents is not available, include the claim number, the last four digits of the Veteran's Social Security number, or Veteran's Electronic Data Interchange Patient Identifier (EDIPI), the eligible Veteran's name, refund calculation, and any other pertinent information.