Department of Veterans Affairs Billing Guidelines for Health Care Provided to Veterans and Beneficiaries

Chief Business Office Purchased Care

Department of Program Integrity (DPI)

July 2013

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Introduction

The Department of Veterans Affairs would like to take this opportunity to thank you, the healthcare provider, who ensures our Veterans and their families receive the best level of care and we hope that level of care continues throughout the healthcare community

Applicable Laws

- 18 U.S.C §1031 Major fraud against the United States
- 18 U.S.C §1035 False statements relating to health care matters
- 18 U.S.C §1342 Fictitious name or address
- 18 U.S.C §1346 Definition of “scheme or artifice to defraud
- 18 U.S.C §1347 Health care fraud
- 31 U.S.C.§3729 False Claims Act
- 42 U.S.C. §1320a-7b Health Care Programs
- 42 U.S.C. §1320a-7b(b) Anti-Kickback Statute

Applicable Laws

- Improper Payments Elimination and Recovery Act (IPERA)
- The Federal Managers Financial Integrity Act codified in 31 U.S.C § 3512
- The Affordable Care Act
- Health Insurance Portability and Accountability Act of 1996
- Presidential Executive Order 13520 Reducing Improper Payments
- OMB Cir No. A-123 Management's Responsibility for Internal Controls

Target Audience

- **New Health Care Professionals**
- **Existing Health Care Professionals**
- **Medical Coders**
- **Billing Departments**
- **Any Entity Who Submits Medical Claims to the Veterans Affairs**

Training Objectives

- **Convey The Department of Veterans Affairs commitment to excellence**
- **Provide the basics of how claims should be billed**
- **Assist providers on how to bill correctly**
- **Provide practical examples**

Claims Coding Guidance

- **Non VA care is like or similar to Medicare**
- **Very seldom will the VA accept Blue Cross Blue Shield or Medicaid codes**
- **AMA coding guidelines**

Claims Coding Guidance

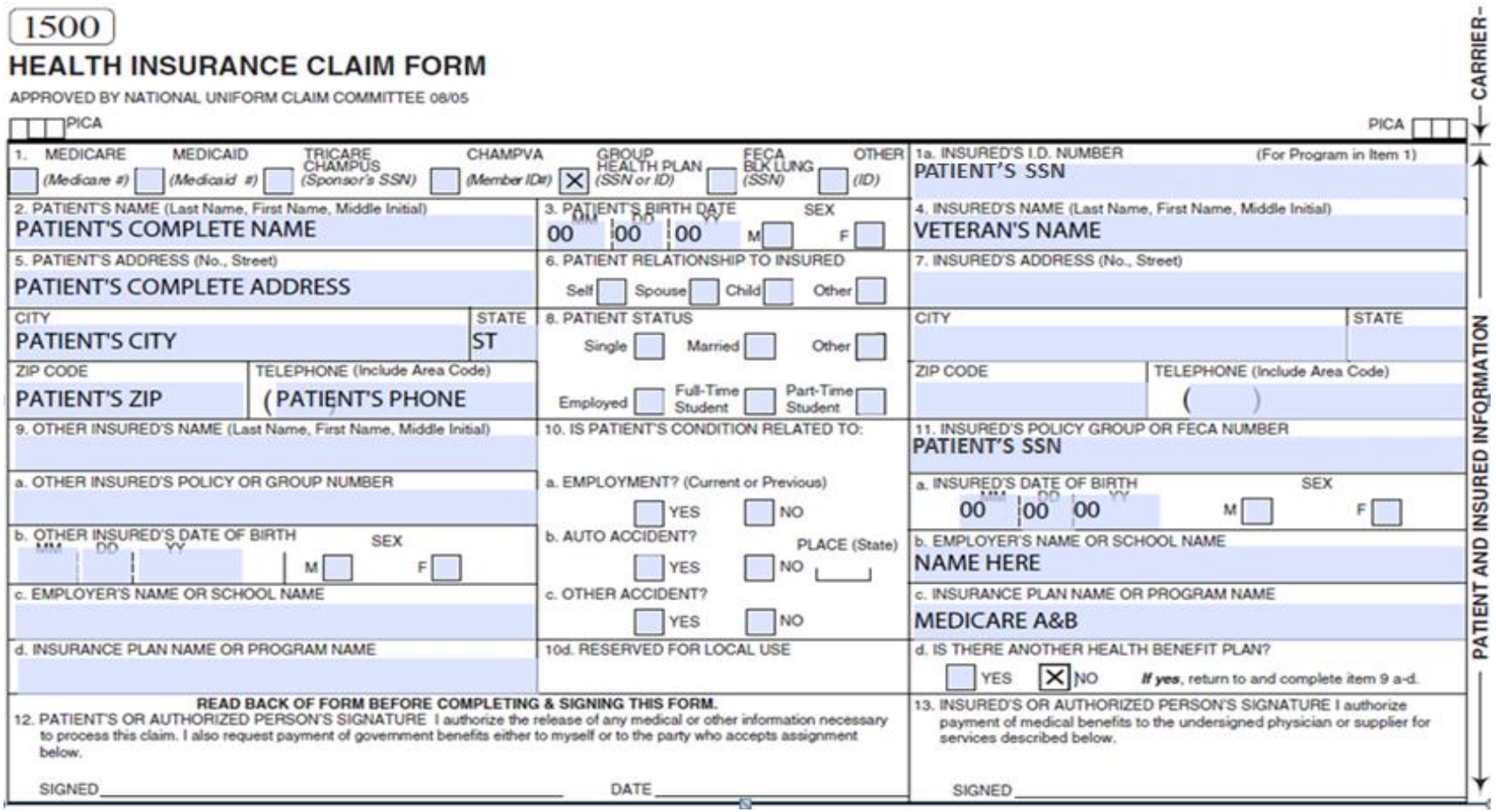
- **National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE)**
- **Prospective Payment System (PPS)**
- **Excessive charges**
- **Reimbursement**

Program Integrity Claims Reviews

- **Program Integrity Tools**
- **Delay in claims processing**
- **Utilize Medicare's Claims Processing Manual CMS 100-04 at:**

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending

CMS-1500



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | [X] GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): PATIENT'S SSN

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): PATIENT'S COMPLETE NAME

3. PATIENT'S BIRTH DATE MM DD YY: 00 00 00 SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): VETERAN'S NAME

5. PATIENT'S ADDRESS (No., Street): PATIENT'S COMPLETE ADDRESS

6. PATIENT RELATIONSHIP TO INSURED: Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street)

CITY: PATIENT'S CITY

STATE: ST

8. PATIENT STATUS: Single | Married | Other; Employed | Full-Time Student | Part-Time Student

CITY

STATE

ZIP CODE: PATIENT'S ZIP

TELEPHONE (Include Area Code): (PATIENT'S PHONE

ZIP CODE

TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: PATIENT'S SSN

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY: 00 00 00 SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME: NAME HERE

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A&B

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

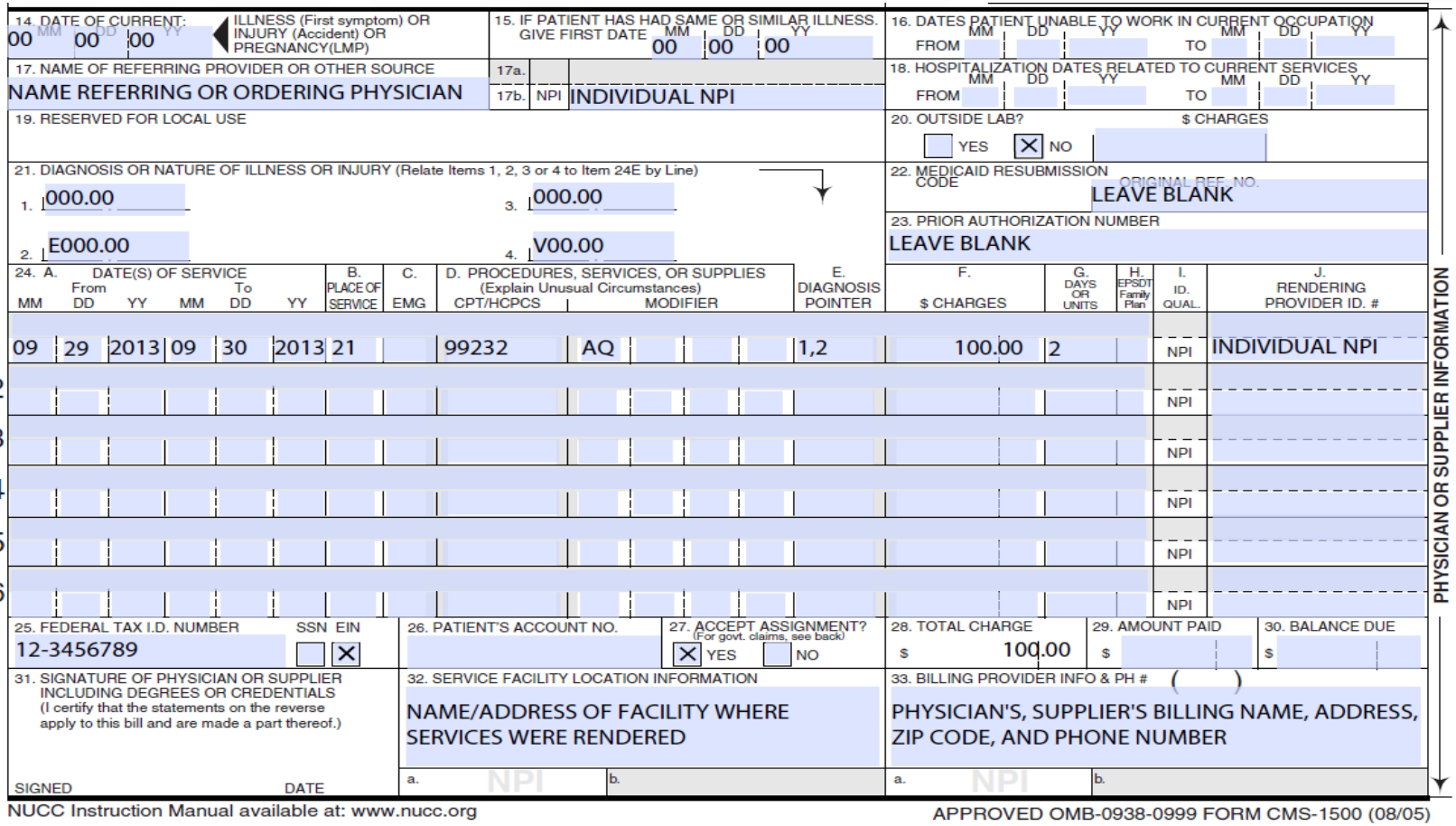
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

CARRIER

PATIENT AND INSURED INFORMATION

CMS-1500



14. DATE OF CURRENT: 00 00 00 — ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE 00 00 00
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: NAME REFERRING OR ORDERING PHYSICIAN
17a.
17b. NPI: INDIVIDUAL NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? YES [X] NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. 000.00
2. E000.00
3. 000.00
4. V00.00
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. LEAVE BLANK
23. PRIOR AUTHORIZATION NUMBER: LEAVE BLANK

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	09	29	2013	09	30	2013	21		99232	AQ	1,2	100.00	2		NPI	INDIVIDUAL NPI
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

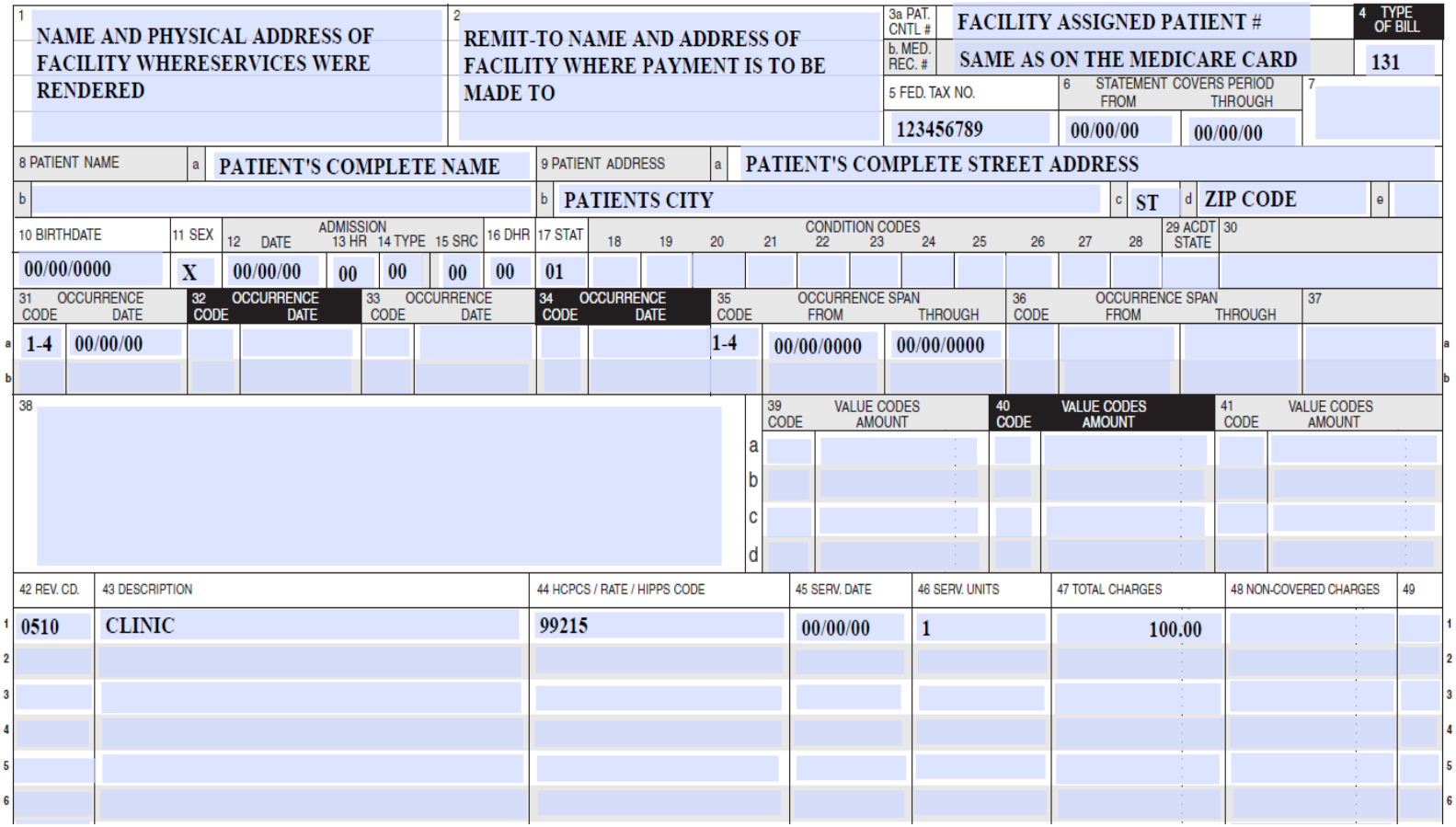
PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 12-3456789 SSN [ ] EIN [X]
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO
28. TOTAL CHARGE $ 100.00
29. AMOUNT PAID $
30. BALANCE DUE $
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE
32. SERVICE FACILITY LOCATION INFORMATION: NAME/ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED — a. NPI b.
33. BILLING PROVIDER INFO & PH # ( ): PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE, AND PHONE NUMBER — a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CMS-1450 (UB-04)



1 NAME AND PHYSICAL ADDRESS OF FACILITY WHERESERVICES WERE RENDERED	2 REMIT-TO NAME AND ADDRESS OF FACILITY WHERE PAYMENT IS TO BE MADE TO	3a PAT. CNTL # / b. MED. REC. #	FACILITY ASSIGNED PATIENT # / SAME AS ON THE MEDICARE CARD	4 TYPE OF BILL: 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
123456789	00/00/00	00/00/00	

8 PATIENT NAME	a	PATIENT'S COMPLETE NAME	9 PATIENT ADDRESS	a	PATIENT'S COMPLETE STREET ADDRESS
b			b	PATIENTS CITY	c ST d ZIP CODE e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
00/00/0000	X	00/00/00	00	00	00	00	01													

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	1-4	00/00/00							1-4	00/00/0000	00/00/0000				
b															

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a						
	b						
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0510	CLINIC	99215	00/00/00	1	100.00		
2								
3								
4								
5								
6								

CMS-1450 (UB-04)

23 **PAGE** 1 **OF** 2 **CREATION DATE** 00/00/0000 **TOTALS** 100.00 23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	MEDICARE	012345678	Y	Y	000.00		57	A
B							OTHER	B
C							PRV ID	C

	58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A	INSURED'S NAME OR PATIEN'TS NAME	01	PATIENT'S SSN OR INSURED'S ID #			A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A	AUTHORIZATION NUMBERS IF APPLICABLE			A
B				B
C				C

66 DX: 296.53 | 729.1 | 244.9 | 279.4 | 309.81 | 68

69 ADMIT DX: 296.53 | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
00.00	00/00/00					
c. OTHER PROCEDURE CODE	**DATE**	**d. OTHER PROCEDURE CODE**	**DATE**	**e. OTHER PROCEDURE CODE**	**DATE**	

76 ATTENDING	NPI 187654320	QUAL	
LAST DOE		FIRST JOHN	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS | 81CC a | b | c | d

UB-04 CMS-1450 OMB APPROVAL PENDING

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Qui Tam/Whistleblower

The Q*ui Tam* (aka Whistleblower Law) provisions of the False Claims Act, stipulates that a private party (employee of a health care organization) may file a complaint on behalf of the government (Federal & State) to prosecute alleged false claims.

Report allegations to:

VA Office of Inspector General (VA OIG)
VA Inspector General Hotline (53E)
P.O. Box 50410
Washington, DC 20091-0410
Telephone: 1-800-488-8244
Fax: 1-202-565-7936

vaoighotline@va.gov

Summary

- **Ensure that the codes reflect the level of care provided**
- **Valid use of modifiers**
- **Align your medical coding with Medicare's billing guidelines**
- **Correct and accurate claims will not be suspect to Program Integrity and will not be delayed**

Helpful Web Resources

- **Form CMS 1500 processing manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf
- **Form CMS 1450 processing manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf
- **Medicare Claims Processing Manual**
  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf