

Indian Health Service

Veterans Administration and Indian Health Service Direct Care Billing and Reimbursement Processes

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Topics of Discussion

Benefits of Billing Electronically

Billing for the Non-Beneficiary Patient

Pharmacy Billing and Issues

Current Updates

Payment Processing Issues

IHS/Tribal Billing Denials and Adjustments

Question and Answer

Benefits of Billing Electronically

SAME PROCESS FOR CLAIM APPROVAL

- MORE MEDICATION DETAIL
- ACTUAL STEPS STAY THE SAME IN CLAIM EDITTING

BETTER CLAIM TRACKING

- CLEARINGHOUSE PROVIDES ELECTRONIC DATA INFORMATION
- ALLOWS MORE ACCURATE DETAIL IF APPEALING TIMELY FILING
- OPTION TO UPDATE WITHIN CLEARINGHOUSE COULD BE CONSIDERED

QUICKER REIMBURSEMENT

- YOUR CLAIM IS RECEIVED BY THE PAYER QUICKER
- ASSURE ALL DETAIL IS ATTACHED TO THE CORRECT CLAIM
- PROCESSED AND PAID MORE EFFICIENTLY

Billing for the Non-Indian Beneficiary

Through Technology and Process Changes, we are able to bill Non-Beneficiary Veterans through the same process as the Beneficiary Veterans, with one exception.

The Non-Native Veteran status identifier is a **new requirement** for the I/T/U Lower 48 State facilities. I believe it is NNV

- These identifiers are used by VA to route I/T/U claims in VA's Electronic Claims Adjudication Management System (eCAMS) for proper payment.
- Need to set up a new Group Number under VMBP Insurer
- Patient Reg will have to select this new Group Number when a Non-Ben Veteran (Enrolled in VMBP) is seen at the Facility. This will allow for NNV to show up on the claim where HIS is normally, and the claim will be processed accordingly.

VA will begin enforcing these Veteran status identifier requirements on April 1, 2023.

I/T/U claims missing or without the VA required identifier provided below will be automatically rejected.

Group Number Requirement

Paper Claims submissions:

For I/T/U Lower 48 States, on CMS 1500 (HCFA) box 11, CMS 1450 (UB) box 62, or Dental claims box 16 annotate -

- **IHS, THP** or **UIO** for AI/AN Veterans
- **NNV** for Non-Native Veterans

For Alaska THPs, on CMS 1500 (HCFA) box 23, CMS 1450 (UB) box 63, or Dental claims box 16 annotate –

- **THP 463 AIAN** for AI/AN Veterans
- **THP 463** for Non-Native Veterans

EDI claims:

For I/T/U Lower 48 States, EDI 837 or 837p SB03 segment annotate -

- **IHS, THP** or **UIO** for AI/AN Veterans
- **NNV** for Non-Native Veterans

For Alaska THPs, EDI 837 or 837p SB03 segment annotate -

- **THP 463 AIAN** for AI/AN Veterans
- **THP 463** for Non-Native Veterans

Adding the Group Number to RPMS

The Group Number may be added to either Patient Registration (REG > TM > GRP > EGRP) or Third Party Billing (3PB > TMTP > GRTM > EDGR)

Add the name that Registration will use to associate the patient to this group number

Add the Group Number of NNV

```
Select EMPLOYER GROUP INSURANCE GROUP NAME: VMBP NNV
Are you adding 'VMBP NNV' as
a new EMPLOYER GROUP INSURANCE (the 305TH)? No// YES (Yes)

NOTE: Some Insurers assign different Group Numbers based upon the
particular type of visit (dental, outpatient, etc.) that
occurred.

Do the Group Numbers vary depending on Visit Type (Y/N)? N// 0

[5a] Group Number.....: NNV
```

Adding Group Name in Registration

The Group Name/Group Number is added into #11

Ensure the correct Group Number is displayed

```
IHS REGISTRATION EDITOR                PRIVATE INSURANCE                2017 DEMO HOSPITAL
=====
DEMO,NNV                                HRN:140026 INELIGIBLE
=====
1) Policy Holder.: DEMO,NNV              |5) Gender: MALE
2) Policy or SSN.: 000000000            |6) Date of Birth: 12/12/1970
3) Effective Date: JAN 01, 2015         |7) PCP:
4) Expire Date...:                      |8) CD Name.....:
-HOLDER'S EMPLOYER INFO-----
9) Status.....: UNKNOWN                |10) Employer:
-INSURER INFORMATION-----
VA MEDICAL BENEFIT (VMBP)              |11) Grp Name: VMBP NNV
    PO BOX 1035 MAILSTOP 10N20         |    Grp Number: NNV
    PORTLAND, OREGON 97207             |12) Coverage:
    (855)331-5560                      Ins. Type: VETERANS ADMINISTRATION|13) CCopy: YDate:7/1/2
015
----Policy Members----PC----Member #----HRN----Rel-----From/Thru-----
14) DEMO,NNV                000000000        140026  SELF        1/1/2015
-----
***WARNING 017: Coverage Type(s) not defined for the policy (4040404|VA MEDICAL
BENEFIT (VMBP))
-----
Last edited by: CARLTON,GINA on Oct 12, 2021
=====
ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

New IHS/VA TPB Reimbursement Agreement

SIGNED DECEMBER 6, 2023



Changes to the Agreement (Federal)

Major Changes:

- Added PRC Invoice reimbursement (PRC paid for Uninsured Veteran Services outside of Direct Care Facility)
- Urbans are being considered as a Separate Agreement and Rate
- Tribal Facilities still have to put a separate agreement in place and I do not believe the New Template
- Extended the Contract/Agreement
- Revised minor edits to DCR (direct care reimbursement program)

Not Too Many Billing Changes Overall

AS OF DECEMBER 6, 2023 DATE OF SERVICE

Minor Changes to DCA (Direct Care Agreement):

- Now have 36 Months for **Timely Filing**
- Can now bill **for DME** (do not worry about being a DMEPOS, has nothing to do with Medicare)
 - This is billed at FFS and reimbursed as such (NOT PAID AT AIR)
 - Bill the same way you bill for Take Home Drugs on a Medical Claim (Split)
- Can now bill **for Home Health Services** (do not worry about being a Certified Home Health Agency, nothing to do with Medicare Regulations)
 - Bill at an OP Visit with POS = 12
 - Paid at the AIR
- **No Longer need Preauthorization** for VA non-formulary Take Home Meds.
 - Chief Pharmacy Officer will work with VA to do a periodic IHS Formulary Review to match with the VA Formulary

Changes Continued

- **No Longer need** to include **the DEA number** on claim for Controlled Substances prior to billing
- Have to continue to include **the Contract/Agreement Number** on Paper and EDI Claims (newly re-instated requirement)
- IHS/THP/NNV (ONLY) **Indicator is REQUIRED** on Paper and EDI Claims, Put anything more than the three digits will be rejected by eCAMS.
- Paper Claim submission **address** has not changed. FLORIDA (P2E)
- Any changes to your **Vendor File** (CEO, Address, Etc) will have to be completed in CEP.
- CEP/EPP Challenges remain the Same

Challenges recently faced

- CHC (Change Health Care Breach) (Optum) – ALL VA claims pass through CHC
 - Delayed Bill Processing
 - Delayed Remittance Advices
- Contract Number disappeared on EDI Claims (Paper Claims are currently printing fine)
 - Check Site Parameters to ensure you have not deleted the Contract Number
 - 1 – Add in the Claim Editor (Block #19) with or without dashes
 - 2 – Ask for the System Override (your Local IT will have to Load It)
 - 3 – Fix will be reinstalled in a Future Patch (but may take a lower priority due to volume)

Challenges Continued...

- IHS/THP/NNV Indicator (ONLY)
 - EDI Works, Paper does not
 - Paper Claims pick up the Name and Number and print both when the group is assigned to a patient.
 - Name = VMBP, Number = IHS
 - Trial and Error – Try to delete the VMBP Name and leave the Group Number. Test print a claim and see if both still show up
 - Will get written up and submitted to TAG for review for future release.
 - **ANSWER – BILL ELECTRONICALLY**
 - What are the Challenges in doing so?

Other issues/obstacles that have or not been reported?

- **Please remember that this dollar amount represents less than .4% of our total revenue and even less of our volume, but seems to take a lot of our rework time.**
- **DO not automatically call the VA for all issues that surround VA Eligibility, Claim Submission, Denial/Rejections, Remittance**

Pharmacy Billing and other OIT Issues

Pharmacy Billing in RPMS

Allow the medication description to default for each pharmacy charge on Page 8D in the Claim Editor

Modification to the NARR – NOC/NEC Required for 5010 Submission option

Print/send the ordering providers DEA Number for controlled substances

- Patch 37 allows the facility DEA to be used if not on file for the Ordering Provider

Minor changes in the Claim Editor

Setting up the Insurer File

3PB > TMTP > INTM > EDIN

Select the VA insurer used to bill

Press Enter to get to Select Visit Type

- Select 997 – Pharmacy

Make sure the Mode of Export is set to CMS-1500 (02/12)

Set the DEA# Required field to YES

At the Should Medication Name print field, type BOTH

Once set, change the default Export Mode to 837P (5010)

```
Select VISIT TYPE...: 997    PHARMACY
...OK? Yes//    (Yes)

Billable (Y/N/E)....: YES// YES
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)..:
Procedure Coding....: CPT
Fee Schedule.....:
Add Zero Fees?...: YES
Multiple Forms?.....: NO//Payer Assigned Provider Number.....:
EMC Submitter ID #...:
EMC Reference ID....:
Auto Approve?.....: NO//
Mode of Export.....: CMS-1500 (02/12)
Billing Prv Taxonomy: 0T
DEA# required for controlled substances?: YES
Should Medication Name print?: ??

Choose from:
NAM        PRINT MED NAME
UNT        PRINT NDC WITH UNITS
BOTH       BOTH NDC WITH UNITS AND MED NAME
Should Medication Name print?: BOTH BOTH NDC WITH UNITS AND MED NAME
```

Setting up the Narrative Field

3PB > TMTP > NARR

At Select Insurer, type the name of the VA payer

The system displays all CPT/HCPCS entries

- Select or add J3490

Type YES at the Req'd for Insurer prompt

At Description Type, select MEDICATION DESCRIPTION

Leave the last prompt blank

- Adding YES will place the HCPCS description for J3490

*Do not add additional HCPCS at this time as the VA only accepts J3490

```
Select INSURER:    VA MEDICAL BENEFIT (VMBP)    OREGON    97207
                  ...OK? Yes//    (Yes)

Current Codes    Req'd?    Description Type    Use CPT desc if no Med desc
J3490            YES       CPT Desc

Select CPT: J3490    Drugs unclassified injection
                UNCLASSIFIED DRUGS
CPTS REQ'ING NARRATIVE: J3490// <Enter>
REQ'D FOR INSURER: YES
DESCRIPTION TYPE: ??

Choose from:
C    CPT DESCRIPTION
R    MEDICATION DESCRIPTION
B    BLANK
DESCRIPTION TYPE: MEDICATION DESCRIPTION

For MEDICATION DESCRIPTION, answer YES if you wish to use the CPT description
if no Medication or drug data exists. Leave blank if NO.
Use CPT description in place of Medication?: <Enter>
```

Claim Editor – Editing the Medication

Claim Editor, Page 8D

Add J3490 to the CPT CODE prompt

- Do not use specific code, per VA billing instructions

The NDC (if populated) will display the drug name

Validate the drug name in the CPT Narrative field

Controlled substances require the DEA Number and will populate the 837 file with the ordering providers DEA Number

```
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// E
Sequence Number to EDIT: (1-3): 2
```

```
[2] HYDROCHLOROTHIAZIDE 50MG TAB
```

```
Select 1st MODIFIER:
```

```
Is this entry an IV? NO//
```

```
Prescription: 289124//
```

```
Units (at $.019 per unit): 60//
```

```
Times Dispensed (at $5 per each time dispensed) : 1
```

```
//
```

```
CPT CODE: J3490( )
```

```
MTLU found no usable words.
```

```
The following word was not used in this search:
```

```
J3
```

```
Attempting FILEMAN lookup...
```

```
NDC: 00172-2083-80// HYDROCHLOROTHIAZIDE 25MG TAB
```

```
CPT Narrative: HYDROCHLOROTHIAZIDE 25MG TAB Replace
```

```
←VALIDATE ENTRY
```

```
Select SERVICE LINE PROVIDER:
```


Claim Editor – Medication Entry

Display of Claim Editor, Page 8D

If added, the Ordering Provider will display along with the DEA# for the controlled substance

Warnings may display for

- Missing DEA Number (259)
- Missing Ordering Provider (261)

```

~~~~~ PAGE 8D ~~~~~
Patient: DEMO,VETERAN [HRN:140026] Claim: 403096
Mode of Export: CMS-1500 (02/12)
..... (MEDICATIONS) .....

  REVN  CHARGE  DAYS  TOTAL
  CODE  DATE    SUPPLY  QTY    CHARGE
  ====  =====  =====  =====  =====
[1] 0250 04/23/2023@10:40 Rx:61534 CPT: J3490
    00603-2109-25 AMLODIPINE BESYLATE 5MG TAB 30 30 5.78
[2] 0250 04/23/2023@10:40 Rx:61535 CPT: J3490
    (NURSE,BETTY NP-D) DEA# ZZ888888
    00406-0484-10 CODEINE 30/ACETAMINOPHEN 300MG TAB 30 30 9.53
                                     =====
TOTAL                                     $15.31

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N//
  
```

```

-----
WARNING:259 - The DEA number may be required for this medication (2)
WARNING:261 - The Ordering Provider is missing from this medication (2)
-----
  
```

IHS/Tribal Current Denials and Adjustments to Payments

SOME OF THESE ADJUSTMENTS ARE SUBJECT TO CHANGE DUE TO
NEW AGREEMENT AND MINOR PROCESS ADJUSTMENTS

Eligibility

73059 – “IHS-Not Eligible”

- Based on Veterans’ enrollment status with the VA

73064 – “IHS-Dental, Not Eligible”

- Stricter criteria than medical/pharmacy claims

Other Health Insurance

73061 – “IHS-Not Responsible for Medicare Co-Pay”

- Used exclusively for Veterans’ claims who have Medicare, Medicare Replacement Plans, Humana, or TriCare coverage that applies to the type of service billed
- Other payers who are federally funded

73102 – “IHS-Vet has OHI/Need EOB”

- Used when a Veteran has Private OHI

Claims Submission

73088 – “IHS-Add IHS/THP Identifier”

Only for Native Veterans

73057 – “IHS-No Station/Contract”

Ensure the information provided matches your tribe

- Ex. Rosebud IHS would only use the “IHS” identifier.
- The Contract Agreement # is only a requirement on paper claims

73060 – “IHS-Not Timely Filed”

Timely filing is one year.

Pharmacy

73078 – “IHS-Medication is Non-Formulary”

- Prior authorization is required to reimburse non-formulary pharmaceuticals

73079 – “IHS-Controlled Substance is Missing DEA #”

73089 – “IHS-No Drug Name/Description”

- A requirement per the IHS/THP Provider Guide

73091 – “IHS-Incorrect HCPCS/CPT Code Billed”

- CPT J3490 must be used for all pharmaceuticals/pharmaceutical supplies
- A- and S-CPT codes will not be reimbursed

Adjustments to Payments

VA POM IHS/THP team is happy to review any claims/questions IHS/THP vendors have

- VA Call Center staff are not specifically trained in IHS/THP claims processing

What we refer to as “denials” are considered “rejections” by the eCAMS system/POM

- No appeal rights
- All requests for reconsideration must come through POM

- Access to IHS Secure Data Transfer

Additional Contact Information

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