VA
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Integrated Veteran Care

VHA Office of Integrated Veteran Care Department of Veterans Affairs (VA)

Indian Health Service (IHS), Tribal Health Program (THP), and Urban Indian Organization (UIO) (ITU) Reimbursement Agreements (Lower 48 States)

PROVIDER GUIDE

Date Updated: January 23, 2025

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VA ITU Reimbursement Agreement Program

Provider Guide

This guidance provides the lower 48 United States (U.S.) Indian Health Services (IHS), Tribal Health Program (THP), and Urban Indian Organization (UIO) (ITU) providers with operational details to support seeking reimbursement from Department of Veterans Affairs (VA) under the VA Reimbursement Agreement ("Agreement") program.

Alaska THP providers can find instructions specific to Alaska in the Alaska VA Reimbursement and Purchased Care Agreement Guidebook, maintained by the Alaska VAMC to include instruction on payment for VA Purchased Care (Non-Native) under the sharing agreements which is not covered under this provider guide. Located: IHS/THP/UIO Reimbursement Agreements Program–Information for Provider - Resources

1. Program Overview

VA has partnered with Indian Health Services (IHS), Tribal Health Programs (THP), and Urban Indian Organizations (UIOs) to establish a resource sharing program that reimburses participating ITUs facilities for healthcare services provided to eligible American Indian/Alaskan Native (AI/AN) Veterans. The program allows eligible AI/AN Veterans to use their Native healthcare benefit at an ITU facility and their native facility can be reimbursed for eligible services. Veterans do not need VA preauthorization and are not subject to VA copay, as the care is not considered VA care. VA is the payer of last resort and will reimburse ITU facilities after other payers/Other Health Insurance (OHI) have been exhausted. The legislative authorities for VA to reimburse IHS for care are found in 25 U.S.C. 1645 Indian Health Care Improvement Act and 38 U.S.C. § 8153 Sharing of Health-Care Resources.

The first National VA-IHS Reimbursement Agreement was signed on December 5, 2012 and covers all IHS operated facilities. Its principles served as the foundation for reimbursement agreements to be established at individual self-governing operated facilities; THPs and UIOs.

In February 2022, the RAP has expanded to allow participation of UIOs. UIOs are nonprofit corporate bodies situated in an urban center, governed by an urban Indian controlled board of directors, providing healthcare and referral services.

On December 6, 2023, after a series of tribal consultations and listening sessions, VA and IHS signed a revised and expanded Reimbursement Agreement to include an expanded scope of Direct Care reimbursements, Purchased Referred Care (PRC) and Contract Travel. Other enhancements included removal of VA quality oversight, a revised pharmacy reimbursement rate, and an expanded timely filing to 3 years from date of service from one year. A similar agreement template tailored for THPs in the lower 48 states was released on June 25, 2024, and for THPs in Alaska on September 9, 2024. UIOs, a revised template was issued on July 12, 2024, incorporating many for the same enhancements with the exclusion of PRC and Contracted Travel reimbursements, as UIOs are not eligible per IHS regulation to participate in those programs.

2. Roles and Responsibilities

The following outlines the roles and responsibilities pertaining to the VA-ITU Reimbursement Agreements Program process:

2.1 VHA Office of Integrated Veteran Care (IVC) VA-ITU Reimbursement Agreement Program Office:

- Provide overall management of the program, including establishing program policy and guidance.
- Draft and coordinate approval, signature, and implementation of agreements and modifications.
- Coordinate with the ITU facilities, tribal leadership, Payment Operations (PO), VA medical center staff, and other VA offices regarding program operations.
- Offer resources to ITU facilities on how to verify Veteran eligibility and eligibility requirements and access other VA services.
- Provide program guidance and communication, builds relationships with stakeholders providing training and outreach.
- Address program related operational issues, program reporting, and addresses program risks.
- Maintain program documentation, websites, and utilization data, report as needed.

2.2 VA Regional Procurement Office (RPO) West Contracting Officer (THP/UIO only):

- Government signatory for all the THP/UIO Reimbursement Agreements.
- Responsibility and authority to issue, modify, extend, and enforce individual VA-THP/UIO Reimbursement Agreements.

2.3 Western (W) Region Payment Operations (PO):

- Process and pay claims and invoices based on the Agreement terms.
- Primary office to assist in resolving ITU claims denial, rejection, and payment issues.
- Provide training and customer service to ITU stakeholders related to healthcare claims /invoice inquiries and concerns.
- Ensure that the claims system can support processing of claims per the agreement terms, partnering with peer offices as needed.
- Ensure access to payment rates necessary to meet the terms of the agreement.
- Validate the enrollment and eligibility of AI/AN Veteran prior to claims payment.

2.4 Local VA Medical Center (VAMC)/VA Health Care System (VAHCS):

- Maintain the local relationship with the ITU facilities on behalf of the RAP Program Office.
- Collaborate with the RAP Program Office to execute individually signed Reimbursement Agreements with the THP/UIO and Implementation Plans with IHS health care facilities.

- Provide AI/AN Veteran enrollment and eligibility information, verification, and assistance with enrolling eligible Veterans in VA's health care system.
- Facilitate care coordination for Veterans if care cannot be provided within a participating ITU facility, which could include services provided directly by VA or the Community Care Network (CCN).
- Provide additional information about other VA programs or resources for Veterans.
- Provide patient advocacy services when needed.
- Assign specific staff to perform roles including:
- VAMC Agreement Manager is the liaison between the ITU and the local VAMC. Provides assistance to the ITU facilities, facilitates communication, assists in identifying VAMC points of contact (POCs), and reports to the ITU RAP Program Office as requested.
- Eligibility/Benefits Coordinator assists ITU facilities and Veterans by providing information regarding Veteran VA benefits and enrollment.
- Community Care Representative assists and facilitates the care coordination process between ITU facilities and the local VAMC for AI/AN Veterans when tribes seek referrals to VA.
- Pharmacy Representatives (UIOs only) provides pharmacy information, reviews, and approves VA Non-Formulary request from facilities. (UIOs are required to use VA Formulary)

2.5 VA Health Eligibility Center (HEC) and Contact Health Resource Center (HRC):

- Host a monthly VA enrollment and eligibility monthly training (HEC) and provides information to ITU facilities.
- Performs eligibly checks for participating ITU facilities, through the RAP program office.
- Provide customer service to ITU providers and stakeholders (HRC).

2.6 ITU facilities/providers:

- Provide healthcare services to eligible AI/AN Veterans as specified in their RAP Agreement.
- Ensure that AI/AN Veteran enrollment and eligibility has been verified prior to submittal of healthcare claims.
- Submit health care claims and invoices in accordance with the RAP Agreement terms (CMS National Correct Coding Initiative and applicable regulations) through established VA systems.
- Assist eligible AI/AN Veterans with enrolling in the VA Healthcare System and collaborate with VA in the enrollment process as necessary.
- Ensure high quality of care is being delivered, to include open communication with their local VAMC.

3. Scope of Services

3.1 Generally: VA will reimburse for any healthcare services the Veteran could obtain from the VA. Generally, these services are part of VA's medical benefit package. VA will reimburse for direct care, purchased/referred care (PRC) and contracted travel VA has the authority to provide or purchase.

3.2 Covered Services: Below are examples of covered services, not an all-inclusive list.

A. Basic Services Include:

- Outpatient medical, surgical, and mental health care, including care for substance abuse.
- Outpatient Telehealth (as defined in the Agreement).
- Inpatient hospital, medical, surgical, and mental health care, including care for substance abuse.
- Emergency care when provided as direct care at an ITU facility or if authorized by 38 CFR §§17.52(a)(3), 17.53, 17.54, 17.120-132 and 17.1000-17.1008.
- Pharmaceuticals prescribed by the participating ITU facility or paid under PRC. Facilities are not paid in addition to the IHS AIR for pharmaceuticals as part of the outpatient medical visit.

B. Benefits with Special Eligibility Criteria

While enrolled Veterans have access to VA's comprehensive medical benefits package, certain benefits may vary depending on each Veteran's unique eligibility status. Veterans must meet specific eligibility requirements and medical records may be required to determine eligibility. ITU facilities must check Veteran benefit eligibility status prior to submitting a claim. ITU claims submitted for services for which a Veteran is not eligible will be rejected.

VA special eligibility services include (list may not be comprehensive):

- Dental
- Community Health Care Services/Home health care
- Domiciliary care (including residential treatment)
- Long Term Care/Nursing Care
- In Vitro Fertilization (IVF)
- Abortions can be payable when the life or health of the pregnant Veteran is determined to be endangered if the pregnancy is carried to term, or the pregnancy is the result of an act of rape or incest. Self-reporting from the pregnant Veteran constitutes sufficient evidence that an act of rape or incest occurred.
- Veterans released from prison or jail incarceration that are in a temporary housing program (such as a community residential re-entry center or halfway house). This does not include Veterans that are currently under State or Federal incarceration.

C. Excluded Services:

- VA will not reimburse for ITU services where VA lacks the legal authority to provide them or that are excluded from the agreement. Generally, those are services are outlined in the VA's Medical Benefits Package (38 CFR § 17.38) but can include other services that VA has a special authority to provide to certain eligible Veterans.
- VA will not reimburse for care provided by providers listed on the Centers for Medicare and Medicaid Services (CMS) exclusionary list or U.S. Department of Health and Human Service (HHS) Office of the Inspector General's (OIG) List of Excluded Individuals/ Entities (LEIE) database.

3.3 Definitions:

- Direct Care Services refers to health service provided directly by the IHS, THP, or UIO. This does not include health care or services provided by the ITU through the Purchased/Referred Care program, contract, or provided outside of the facility.
- Purchased Referred Care as defined in 25 U.S.C. 1603(5), includes care the IHS/THP authorizes and purchases on behalf of their patients. With proof of IHS/THP payment, VA will reimburse eligible AI/AN Veterans for care VA is authorized to provide. This only applies to IHS and THP facilities.
- Contracted Travel means travel contracted for by IHS/THP under 25 U.S.C. 1621l(b) (the authority to contract for travel). IHS/THP facilities should refer to the IHS regulation for details of this coverage. This term does not include travel expenses incurred by eligible Veterans, to included mileage reimbursement. This only applies to Contracted Travel that IHS and THP facilities has paid.
- Outpatient Telehealth means the exchange of medical information from one site to another through electronic communication to improve a patient's health. Examples of telemedicine include health care services delivered through videoconferencing, and audio communications.
- Complementary and Integrative Health is defined as: (1) Acupuncture, (2) Biofeedback, (3) Clinical Hypnosis, (4) Guided Imagery, (5) Massage Therapy, (6) Meditation, (7) Tai Chi/Qigong, and (8) Yoga. Reference: VA Complementary and Integrative Health.
- Residential Rehabilitative Treatment Program (RRTP) refers to programs that provide services 24/7 in a structured, supportive, and comfortable residential treatment for mental health conditions and substance use disorders. In residential treatment, patients participate in group therapy, individual therapy, and individualized psychiatric care. Care is also referred to as domiciliary care in a community like environment. Reference: VA Mental Health Residential Rehabilitation Treatment - Mental Health.

4. Reimbursement Rates

VA shall reimburse ITU facilities for Direct Care Services, Purchased Care and Contract Travel at rates based on the payment methodologies outlined in the ITU Reimbursement Agreement.

- VA will use Tax ID and/or National Provider Identifier (NPI) to distinguish ITU providers.
- VA Local Fee Schedule is VA reimbursement rate when there is no established contract/agreement rate or Medicare rate published by the Centers for Medicare and Medicaid Services (CMS).
  Reference: VA Fee Schedule - Community Care.
- VA's payments are subject to availably of appropriated funds.

5. Veteran Eligibility and Enrollment

VA and ITU facilities are responsible for final determination of Veteran eligibility within their respective programs. ITU facilities must verify Veteran eligibility and enrollment with VA, using resources provided in section 7, prior to submitting claims to VA. The Veterans must be:

- American Indian/Alaska Native (AI/AN) and eligible for services from an ITU in accordance with 42 CFR Part 136. VA does not determine tribal eligibility or enrollment; the ITU is responsible for ensuring that an AI/AN Veteran being treated at the ITU facility is eligible to receive such services before they bill VA.
- Eligible and enrolled in the VA Healthcare System. Veteran enrollment is required and a condition for receiving the "Medical Benefits Package" set forth in §17.38 under the ITU Reimbursement Agreement program, in accordance with 38 U.S.C. §1705 and 38 CFR §17.36 or is eligible for hospital care and medical services.
  - There are exceptions to the VA enrollment requirement, outlined in section 5.3.

Note: Some ITU facilities and the IHS/THP PRC program will authorize service for "non-beneficiaries," VA does ***not*** *reimburse for non-beneficiaries under this program.*

5.1 VA Eligibility Verification Procedure

The following are several ways ITUs can verify AI/AN Veteran eligibility and enrollment in the VA health care system:

Option 1: Submit a list of Veterans to VA via Secure Messaging
ITU facilities can submit a list of all their AI/AN Veteran population to check enrollment and eligibility status from VA. This is the process for new tribes or larger lists.

Step 1. Complete VA HEC Template
IHS/THP/UIO staff fills out columns A-C of the VA HEC template, link: I/T/U Eligibility and Enrollment Verification - Community Care (va.gov).

Step 2: Submit a secure email to VA or IHS
Ensure you are sending encrypted/secure email to protect patient information (PI) and personal identifiable information (PII), refer to Section 6 Email Secure Messaging, or on our website here: Secure Messaging Instructions for I/T/U Facilities.

- For **THP** and **UIO** facilities, email the Tribal.Agreements@va.gov requesting a secure email be initiated for an eligibility check. The VA ITU RAP team will initiate the secure email for the THP/UIO to reply and attached the completed VA HEC template.
- **IHS** facilities will need to email the completed VA HEC template to Cynthia.Larsen@ihs.gov via IHS Data Secure Transfer. Cynthia will submit the template to VA HEC contacts.

Step 3: Veteran verification
VA verifies Veteran eligibility and enrollment status and completes columns D – F on the Eligibility and Enrollment Verification Template.

Step 4: Response to ITU facility
VA or the IHS Program Office staff will securely send back the completed Eligibility and Enrollment Verification Template to the requesting I/T/U facility.

Option 2: Contact the local VA Medical Center by Telephone
Contact your local VA medical center to verify the AI/AN Veteran's VA enrollment/eligibility by calling the VA eligibility/benefits manager listed in the ITU Implementation Plan or the eligibility office at the VA medical center.

- It is recommended to work with the local VA medical center to verify eligibly for specialty services mentioned in 3B above, as dental care, Long Term Care, and certain counseling services.

Option 3: Contact VA National Offices by Phone
VA HRC/HEC can only provide basic eligibility information over the phone (i.e., whether the Veteran is enrolled and enrollment date). The Veteran's name and social security number will be required.

- Health Resource Center (HRC) at 1-877-222-VETS (8387).
- Health Eligibility Center (HEC) at 1-855-488-8441.
  Hours of Operation: Monday – Friday, 7 a.m. – 7 p.m. (ET)

5.2 VA Training

VA provides recurring monthly HEC enrollment and eligibility training for ITU staff every third Tuesday of the month. Email tribal.agreements@va.gov for a training invitation.

5.3 VA Veteran Enrollment Procedure

AI/AN Veterans at ITU facilities seeking reimbursement under the VA-ITU reimbursement agreements must be enrolled in the VA Health Care System as a condition to be reimbursed. Once a Veteran is enrolled, that Veteran remains enrolled in the VA Health Care System and maintains immediate access to certain VA health care benefits.

VA will determine a Veteran's eligibility during the enrollment process. Each Veteran is assigned to a priority group during enrollment to ensure health care benefits they are eligible for are readily available. VA Priority Group is not a consideration for AI/AN Veteran eligibility in the VA-ITU Reimbursement Agreement program.

The following are several ways the eligible AI/AN Veteran can enroll in the VA health care system:

- **Online:** From the Vets.gov website, use the Health Care Application Process at https://www.1010ez.med.va.gov/ and follow the instructions.
- **By Phone:** Call 1-877-222-8387, Monday through Friday, between 8 a.m. to 8 p.m. ET. A VA representative will send a completed form to the Veteran for verification and signature.
- **By Mail:** Print VA Form 10-10EZ from https://www.va.gov/vaforms/form_detail.asp?FormNo=10EZ%20(pdf or call the phone number above to have the form sent by mail. Complete and sign the application, then mail it to:
  Health Eligibility Center
  2957 Clairmont Road, Suite 200
  Atlanta, GA 30329-1647
- **In Person:** Go in person to a local VA medical center or clinic.
  Find VA locations at: http://www.va.gov/directory/guide/home.asp.

Note: A copy of the Veteran's DD-214 (Certificate of Release or Discharge from Active Duty) is not required to complete the enrollment process but will expedite the process.

5.4 VA Veteran Enrollment Exception

To the extent an AI/AN Veteran is eligible for VA hospital care and medical services but not enrolled, ITU facilities can collaborate with VA to assist the eligible Veteran in enrolling in VA's system of patient enrollment.

If the AI/AN Veteran is not enrolled or chooses not to enroll in the VA Health Care System under 38 CFR § 17.37 (Enrollment not required-provision of hospital and outpatient care to Veterans) (a)-(c), the Veteran must meet one of the following eligibility criteria to be considered as exempt from VA health care enrollment:

- Rated for Service Connected (SC) disabilities at 50% or greater.
- A SC disability will receive services for that SC disability.
- Discharged or released from active military for a disability incurred or aggravated in the line of duty will receive VA health care for that disability for 12 months following discharge or release.

If the VA health care enrollment exception is met, ITU can receive reimbursement for services provided specific to the exemption (e.g., service-connected disability). Proof of the Veteran's eligibility (e.g., VA benefits grant letter) must be attached to the submitted health care claim. VA will not reimburse for services that the AI/AN Veteran is ineligible for.

6. Email Secure Messaging

IHS/THP/UIO Reimbursement Agreements Program–Information for Providers - Community Care (va.gov)

Secure messaging is to be used when I/T/U RAP facilities send files for eligibility checks and claims related information to VA. The Secure Data Transfer process varies based on the type of I/T/U facility.

6.1 THP/UIO:

THPs and UIOs will use VA's Outlook Secure Messaging System (RMS) to transfer documents. The encrypted email must be generated by VA, and VA will need to request the email.

- For claims status checks or Veteran eligibly: THP/UIOs may send encrypted messages directly, if they are able to.
- For PRC and contracted travel invoices or Claims inquiries, or if THP/UIOs do not have encryption:

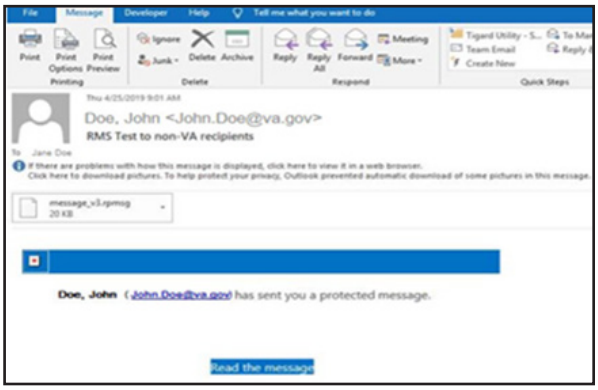
Step 1: Request a secure message by emailing VA at:

Veteran Eligibility Checks: Tribal.Agreements@va.gov

Claims Inquiry: vha_104p_ops_western_region_nw_ihs_thp_support@va.gov

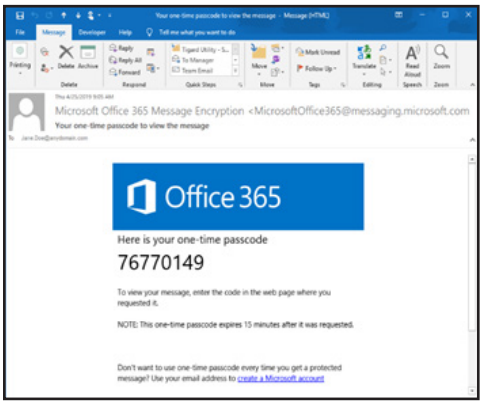
Step 2: THP/UIO will receive an email from VA.

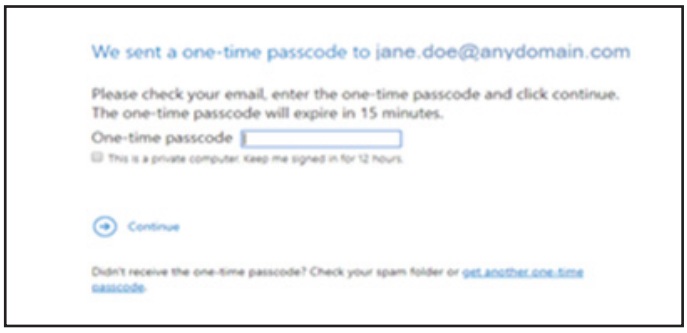
- Microsoft-based email systems will receive an email in Microsoft Outlook.
- If non-Microsoft-based email systems are used, such as Gmail or Comcast, the facility will receive an email message that has a link to read the message in Microsoft's Office 365 web portal.
- Click the "Read the message" link in the email to launch the portal.



Step 3: Once Office 365 loads, click "Sign in with a one-time passcode," and a second email will be sent with a one-time passcode.

Step 4: Copy the one-time passcode from the email. enter the one-time passcode were prompted and click "Continue" to open the encrypted message.





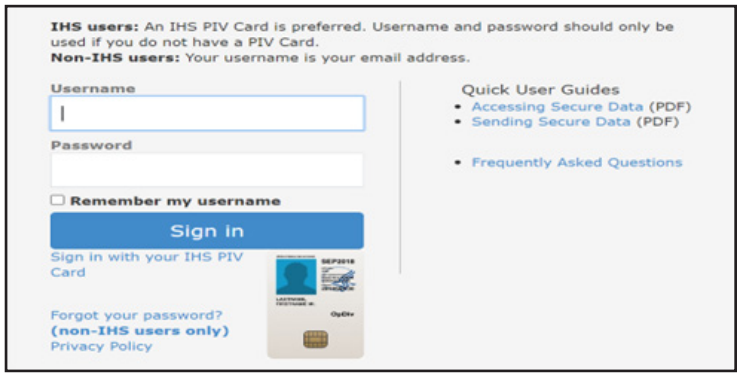
Step 5: From here, THP/UIO staff can respond to the sender's message securely and attach the documents as needed.

6.2 IHS Process (IHS Secure Data Transfer)

IHS staff use the IHS Data Secure Transfer to share secure emails with VA.

Step 1: Request access to the IHS Secured Data Transfer (SDT) by emailing Cynthia.Larsen@ihs.gov.

Step 2: Login to IHS Secure Data Transfer using IHS PIV card or username and password if IHS PIV card is not available. IHS SDT login page is shown here:



Step 3: A two-step verification code will be sent to the facility's email address. Enter the code and click continue.

Step 4: Open the inbox to send, receive, and attach documents for secure messaging.

7. Direct Care – VA Claims Billing and Submission

7.1. General Requirements

All claims must be billed in accordance with Medicare's National Correct Coding Initiative (NCCI). Claims for reimbursement should be submitted to VA electronically whenever possible.

If electronic submission is not feasible, claims submitted in paper form must comply with the required format for the submission of claims under title XVIII of the Social Security Act. For example, claims submitted on paper may be printed on forms such as a CMS 1450, ADA, or CMS 1500.

When a third-party payer's insurance payment is made on a claim, an Explanation of Benefits (EOB) or Explanation of Payment (EOP) must be sent with the paper claim. If the health care claims are submitted to VA via Electronic Data Interchange (EDI), attach EOB/EOP to the electronic file. The balance remaining is VA's responsibility when it does not exceed the allowable reimbursement amount.

Medical records may be required to determine special eligibility or eligibility for other types of telemedicine (e.g., virtual Check-Ins and E-visits).

- Medical records will be required for Episodes of Care (EOCs) in which the primary THP provider coordinates care with another Tribe.

7.2. Paper Claims Submission Requirements

If the ITU facility does not have a capability to submit an electronic health care claim, paper claims will be accepted by VA provided they are submitted in the appropriate health care claim format (CMS 1500, UB-04, or ADA Dental Claim Form – refer to Appendix D for sample). Paper health care claims can be submitted to VA at:

VHA Office of Finance
P.O. Box 30780
Tampa, FL 33630-3780

For IHS: As of September 15, 2024, ImageNet's lease has ended, and paper claims will no longer be accepted at the Kennedy Blvd. address. If the IHS facility does not have the capability to submit an EDI claim, paper claims submissions will be accepted by VA at the PO Box provided.

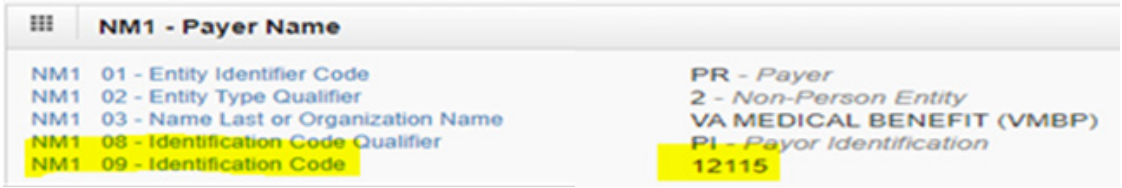
To ensure delivery and tracking updates, as well as compliance with the Social Security Number Fraud Prevention Act of 2017, IHS can send claims via USPS tracking. Certified Mail via FedEx will not be accepted at the PO Box.

7.3 Electronic Data Interchange (EDI) Claims Submission Requirements

If the ITU facility submits an electronic health care claim, the submission will need to go through Optum iEDI.

If the ITU facility is using a different clearing house, please work with them to verify their systems can communicate with Optum iEDI. When registering you will need to provide the following payer IDs:

- 12115 for medical claims
- 12116 for dental claims



7.4 Medical Claims Submissions

Outpatient Claims

An ITU provider refers to all hospitals or hospital-based facilities, including outpatient clinics. (Reference: Medicare Claims Processing Guide, Section 10 – General). Due to the use of the IHS All-Inclusive Rate (AIR) for payment of outpatient medical claims (to exclude POS 24/Ambulatory Surgical Center which are priced/paid at the CMS rate), VA requires that only one DOS per claim be submitted to for consideration.

VA has specific requirements for ITU Outpatient services as identified in the following:

- Professional Component: When multiple THP facilities coordinate outpatient care or services for a single episode of care, the facility with the patient encounter can claim the reimbursement of a single AIR payment from VA. The THP facility that performs the professional component of the test is considered the primary provider.
    - For these episodes of care (EOCs), a Progress Note or medical records will be required with claim submission to document the coordination of care and allow VA Payment Operations to correctly adjudicate associated claims.
- Episode of Care: Regardless of the number of times a patient is seen in a day at an IHS/THP facility, the outpatient services should be billed only once (i.e., IHS all-inclusive). Exception: If the patient is seen for a clinic visit, then returns to the emergency room or for an unrelated condition (or vice versa) later the same day at the IHS/THP facility, Reference: Medicare Claims Processing Manual (Ch 19), section 100.5.1.
- Observation Beds: One payment of AIR will be paid for up to 72 hours. After 72 hours Veterans must be admitted if further reimbursement is requested from VA. Reference: https://www.cms.gov/newsroom/fact-sheets/fact-sheet-two-midnight-rule-0.
- Outpatient Pharmacy: Medications administered during a medical visit should be included on the medical claim billed to VA and will be included in the AIR reimbursement. Take-home prescriptions may be billed separately to pay at the rate outlined in the Agreement.
- THP-Owned Ambulance: Claims must include the Pick-Up and Drop-Off location of the ambulance. Medical records may be required.
    - Third-party AMB, or ITU-owned AMB who do not have a signed Addendum may still be eligible for VA reimbursement under a different Payment Authority outside of the Reimbursement Agreement Program. Please submit claims in accordance with the same requirements (Program Identifier/Contract Agreement Number).

Inpatient Claims

VA requires a copy of the claim be submitted and on file to process professional claims for the EOC.

- In the event the Veteran has or some type of inpatient facility coverage, the ITU must still submit the claim to VA with the expectation that it will be rejected or require an EOB/EOP.
- If Medicaid, VA does not pay secondary to Medicaid and considers it payment in full.
- If third-party payer/private OHI, the claim will need to be submitted with the EOB/EOP for consideration of secondary payment, up to the allowable amount, by VA.

7.5 Required Program Identifiers and Agreement Number (All Claim Types)

VA West Region Payment Operations is the centralized claims processing center for all IHS/THP/UIO claims. VA requires that the ITU facilities use identifiers to route ITU claims in VA's Electronic Claims Adjudication Management System (eCAMS) for proper payment. Claims that do not have the required identifiers will be automatically rejected in the VA system.

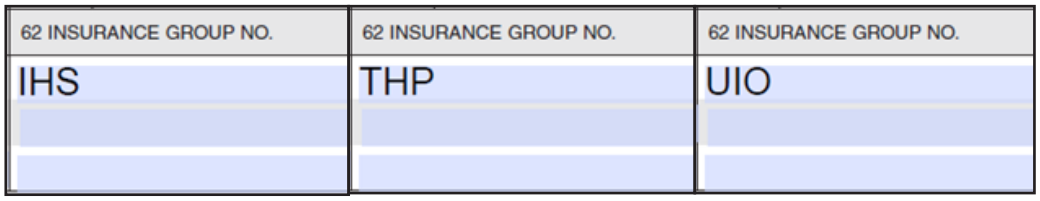
These program identifiers are:

- **For AI/AN Veterans in the lower 48 THP, IHS, or UIO**
  Use the identifier **IHS**, **THP**, or **UIO** for AI/AN Veterans specifically associated with your Direct Reimbursement Agreement.
- Paper claims — annotate on CMS 1500 (HCFA) in box 11, CMS 1450 (UB) in box 62, or Dental claims in box 16.
- EDI claims — annotate in the **SBR03** segment of the 837 EDI claim.

Paper Claims Identifier	CMS1500 (HCFA)	CMS1450 (UB)	ADA Dental Form
IHS, THP, UIO	Box 11	Box 62	Box 16

Examples

UB04 paper claim fields:



CMS1500 paper claim fields:

Program Identifier Placement – EDI

- **Example from Electronic 837 File:**
  Loop 2000B
  SBR*P*18*IHS, THP, or UIO******CI~

Agreement Numbers:

The Reimbursement Agreement Program (RAP) Agreement Number specific to the IHS, THP, or UIO can be found in the upper right corner of all pages of the agreement and must be included on claims submissions in the following designated areas:

- Paper claims – annotate on CMS 1500 (HCFA) in box 80, CMS 1450 (UB) in box 19, or Dental claims in box 35.
- EDI claims – annotate in the NTE 02 (description) segment of the 837 EDI file.

7.6 Durable Medical Equipment (DME)

VA will reimburse ITU for DME billed separately from other healthcare services or outpatient pharmacy. DME should be billed on claim forms with Place of Service (POS) 12.

7.7. Direct Care Outpatient Pharmacy Claims Submission

VA will reimburse at the rates outlined in the agreement. VA will not separately reimburse IHS/THP for pharmaceuticals and biologicals that are already reimbursed through VA's payment of the IHS all-inclusive rate (AIR). VA will reimburse for take-home medication separate from an outpatient medical EOC.

IHS/THP may bill outpatient pharmaceuticals in accordance with their own formulary.

UIO are subject to VA formulary: https://www.pbm.va.gov/PBM/NationalFormulary.asp

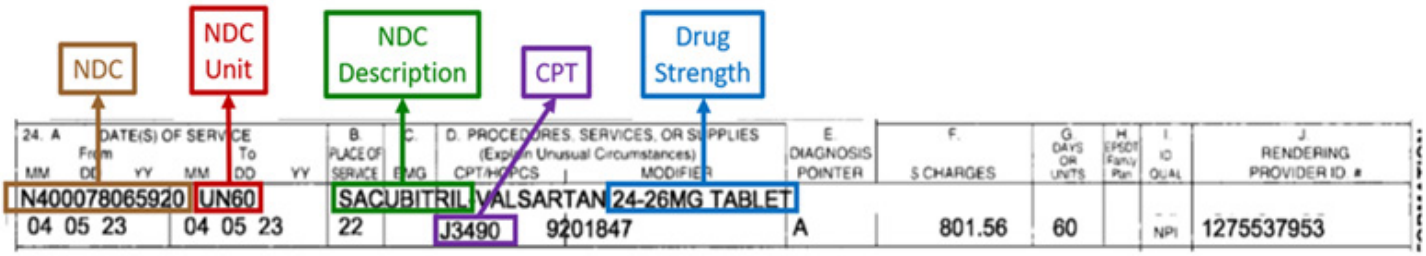
- Requests for approval of non-formulary drugs will be submitted to local VA Pharmacy and processed according to the local VAMC policy.
  - Once approved, UIO must enter **PAO NF** in box 23 of the CMS 1500 claim form.
- **Submission Forms:** ITU must use CMS 1500 for paper claims and 837p (professional) for EDI claims for pharmacy reimbursement. VA cannot accept invoices/receipts from Veteran-paid pharmacy under the ITU Reimbursement Agreement.
- ITU must follow the most updated claim form guidance from the National Uniform Claim Committee (www.nucc.org) for CMS 1500/837P. CMS 1500 instruction website link: https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2020_07-v8.pdf refer to pages 45 to 47 for instructions and example NDC and NDC units.
- **Required Coding:** All pharmacy claims should be coded using Healthcare Common Procedure Coding System (HCPCS) **J3490**. This code is described as unclassified drugs.
- **Required Claim Information:**
  - Program identifiers (outlined in Section 10.5.4)

- Additional requirements when submitting 837p EDI claims:
- SSNs in the NM1*IL Subscriber X12 segment must be 9 digits with no dashes or other characters.
- Provider Tax IDs must be exactly 9 digits with no extra characters.
- All claims must contain the following information:
- HCPCS – J3490
- Date of fill
- Number of day's supply
- Quantity of Drug
- Pharmacy name
- Doctor and address
- Drug name (generic name) and strength
- Amount paid by the other health plan or retail price for the pharmacy
- National Drug Code (NDC) and description
- NDC unit/basis of measurements

Quantity examples: F2—Intertional Unit/ME—Milligram/ML—Milliliter/GR—Gram/UN—Unit

NDC code must be placed in the **Loop 2410**, **LIN 03 Segment LIN**N4*55555444422~ N4 National Drug Code** section of the 837p EDI file to be considered for payment. Claims submitted without NDC or NDC in any other field will result in an automatic rejection.

Example of a CMS1500 pharmacy paper claim:



Example of an 837p pharmacy EDI claim:

Hierarchy	HL*2*1*22*0~
Subscriber Type	SBR*P*18*IHS, THP, or UIO ******CH~
Veteran Name / SSN or Unique Patient Identifier #	NM1*IL*1***[LAST NAME]** ***[FIRST NAME]** ****[MI]***[SOCIAL SECURITY NUMBER/UNIQUE PATIENT IDENTIFIER]**~
Street Address	N3***[STREET ADDRESS]** ~
City, State, Zip	N4***[CITY]*[STATE]*[ZIP CODE]** ~
Line Number	LX*1~
HCPCS, Cost, and NDC unit, quantity	SV1*HC: J3490*82*UN*30***1:2~
Service Date(s) (D8 for single date) (RD8 for Range)	DTP*472*D8*20191108~
Prescription Date	DTP*471*D8*20191115~
Reference	REF*6R*000000469185230001~
Line Note	NTE*ADD***[NDC Description/Drug name, days' supply]** ~
NDC Code	LIN**N4*76282042290~
NDC Units	CTP****30*UN~
Prescription #	REF*XZ*1701092~

7.8 VA Audit: VA Payment Operations will complete bi-annual audits on Outpatient Pharmacy billed by IHS/THP providers and will request the IHS/THP formulary information from the Tribe.

8. Purchased/Referred Care (PRC) and Contract Travel – Billing and Invoice Submission

IHS/THP facilities can be reimbursed for Purchased Referred Care (PRC) and contract travel health care services. Billing requirements follow a different process than those used for direct care services. VA cannot accept invoices through the standard health care claims submission process using EDI, CMS1500 (HCFA), or CMS1450 (UB). Invoices for reimbursement of IHS/THP PRC/contract travel services must be submitted to VA West Region Payment Operations via secure messaging systems (outlined in section 6).

8.1 Required Documentation (for PRC and Contract Travel)

- **Cover letter**, in Excel format provided by VA, link: IHS/THP/UIO Reimbursement Agreements Program–Information for Providers about Purchase Referred Care - Community Care (va.gov) to include:
- For THP: facility name, TIN (Tax Identification Number), Billing Provider NPI (National Provider Identifier), and address
- For IHS: IHS area and site facility name, TIN, and addresses
- Veteran information - full name, full SSN (Social Security Number) or ICN (Client ID), and Date of Birth (DOB)

- Date of Service (From Date/To Date)
- Name of community provider if Veteran was referred
- Pharmacy tab (if applicable)
- IHS/THP payment amount

8.2 Additional Required Supporting Documentation:

- Associated Explanation of Benefit (EOB), or Payment (EOP), from the IHS/THP.
- Information on COVID-19 is currently being updated.
- IHS/THP must provide a copy of the Explanation of Benefit (EOB), or Payment (EOP), from the Other Health Insurance (OHI) that was provided to them when billed by the Servicing Facility.
- IHS/THP must provide a copy of the claim form (CMS 1450/1500) that was billed to them by the Servicing Facility.
- If submitting a contracted travel invoice, the IHS/THP will include a copy of their purchase order, referral, or authorization approving the arrangement as contracted travel.

Information on COVID-19 is currently being updated.

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Information on COVID-19 is currently being updated.

8.4 PRC Invoice Submission Review Process

IHS: IHS will submit invoices and supporting documentation to VA via IHS Secure Data Transfer at vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

THP: THP will submit a request to receive a VA Outlook RMS secure email to vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

VA Payment Operations will review and make annotations on the cover letter regarding determination for approval or explanation of rejection and return to IHS via secure data transfer or THP via VA Outlook RMS secure email.

8.5 Timeframe for VA PRC/Contracted Travel Reimbursement

- VA Payment Operations will designate the submitted invoice for payment within 45 days of receipt.
- Reimbursements will be deposited to the IHS/THP bank account via Electronic Fund Transfer (EFT), or paper check.
- VA EOB/EOP may take four to six weeks to be delivered to the IHS/THP.

For Questions and Concerns: IHS/THPs can email the VA PO ITU Support Group at vha_104p_ops_western_region_nw_ihs_thp_support@va.gov

9. Liable Payers/Other Health Insurance

Direct Care: VA is the payer of last resort. ITU facilities must seek payment from all other liable payers prior to seeking reimbursement from VA for direct care services provided to an eligible AI/AN Veteran under this agreement.

PRC/Contract Travel: The IHS/THPs are considered the payor of last resort for PRC (defined in 42 CFR § 136.61) and are required to seek payment from alternate resources when available. This agreement does not exempt or replace IHS/THPs from being payer of last resort. VA will reimburse the amount IHS/THPs paid after alternate resources' payment has been received. If VA has record of OHI, and submissions do not reflect collections or include EOB/EOP, VA will reject claims.

When a third-party payer's insurance payment is made on a claim, an EOB/EOP must be sent with the paper claim. If the health care claims are submitted to VA via EDI, attach the EOB/EOP to the electronic file. The balance remaining is VA's responsibility when the remaining balance on the claim does not exceed the allowable amount. Medicaid payment is considered payment in full, and VA will not reimburse secondary payer.

Veteran Other Health Insurance Update

There are times when it is identified that at Veteran has OHI, or ITU providers have OHI information that differs from what VA has on file. Veterans must update their information with VA in these instances by contacting the local VAMC or HEC. VA requests that THP providers help us coordinate this with our Veterans.

10. VA Claims Denial and Rejection

VA may deny a claim or a portion of a claim for services provided by ITU under the following conditions, in accordance with the terms of the Agreement:

- The Veteran is not eligible for care or services as defined in the Agreement.
- VA lacks the authority to provide or pay for the care or related services.
- The Veteran does not meet VA special eligibility requirements (referenced in Section 5.42)

- The information needed to adjudicate the claim is not provided after VA has provided notice to the ITU of the missing information and a reasonable opportunity to provide such information has been afforded.
- The ITU did not seek OHI and/or submit EOB prior to claim/invoice submission to VA.
- The Veteran has Medicaid and therefore VA is unable to pay for the claim secondary to Medicaid, which is considered paid in full.
- Provider is listed on the CMS exclusionary list or HHS OIG LEIE database.
- VA decision that cannot be reconsidered upon receipt of a corrected claim.
- The IHS, THP, or UIO identifier is missing.
- The ITU Contract Agreement Number is missing.

For more information, visit Rejected Claims–Explanation of Codes - Community Care (va.gov).

11. VA Claims Adjustments (Bills of Collection and Short Payments)

VA may adjust payments made to the ITU in the event of an error in initial claims processing and payment. This is completed through Bills of Collection (BOCs) or Short Payments. A BOC is requested by VA in the event of an overpayment by VA to the ITU facility. A Short Pay is initiated by VA in the event of an underpayment by VA to the ITU facility.

Any adjustments to the amount initially paid to the ITU will be identified and detailed on the VA EOP. Any disputes will be jointly reviewed and resolved by VA and ITU staff (see section 12) according to the terms of the Agreement.

12. Request for Reconsideration, Appeals, and Disputes

The parties shall utilize all reasonable efforts to resolve any dispute at the lowest administrative level possible. For disputes, contact the NW Payment operation at ITU Support group at vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

If either party determines that further efforts are not conducive to resolving a dispute, refer to the denials, reconsiderations, and appeals section in the Agreement.

ITU may submit a written appeal in the event of a claim denial within one year of the date on the EOB or EOP. Formal appeals may be submitted via mail or fax:

Mail: 10N20NPC
ATTN: Appeals
1601 E. Fourth Plain Blvd.
Vancouver, WA 98661

Fax: 1-844-678-8979

13. Timely Filing

Direct Care claims shall be submitted within 36 months of the Date of Service (DOS) when the health care service was provided by the ITU facility.

Information on COVID-19 is currently being updated.

Any claims or invoices submitted that does not meet the timely filing requirements of the Agreement will be automatically rejected by VA unless otherwise stated in the Agreement.

14. Claims Status Check and Inquiry

An ITU facility may check the status of submitted health care claims through the following methods:

- **Online:**
  - **eCAMS Provider Portal (ePP)** allows registered ITU providers to research the status of claims being processed in VA's Electronic Claims Adjudication Management System (eCAMS) and find additional information such as EOPs. Providers may register and access ePP here: https://www.occepp.fsc.va.gov/.
  - For a Customer Service Representative for assistance contact 512-386-2278, Monday to Friday, 7 a.m. to 4 p.m. CT or email eCamsHDsupport@va.gov.
  - Please contact the VA West Payment Operations email for a copy of the ePP User Guide
- **Customer Engagement Portal (CEP):** Allows registered ITU providers to research the status of claims received by VA. Providers may register in CEP https://www.cep.fsc.va.gov/ to view the VA payment information and claim status. EOPs are not available via CEP.
  - System for Award Management (SAM) unique identifier number will be needed to register for CEP.
  - ITU Facility Vendor files can also be updated in CEP.
  - Customer Support 877-353-9791 (Select Option 1), Monday to Friday, 7:15 a.m. to 4 p.m. CT or email vafsccshd@va.gov.
  - User Guide for CEP registration here.
- **Email**
  Western Region PO – ITU claims processing department at vha_104p_ops_western_region_nw_ihs_thp_support@va.gov
- **Phone**
  Contact the VA Claims Payment Processing Call Center at 877-881-7618, Monday to Friday, 6:05 am to 4:45 pm MT. When contacting the call center, identify as a non-CCN provider (option 2) and use the zip code for Vancouver, Washington, to be directed to the correct operator: 98661.

  VA Call Center staff are only able to provide basic claim status. If the ITU has any Agreement or rejection-specific questions, they will refer the provider to Western Region PO.

15. Establishing A Reimbursement Agreement and Onboarding Requirements.

ITU facilities interested in participating in VA ITU reimbursement agreements should take the following steps to establish an agreement:

Step 1: Notice of Interest

- THP/UIOs - contact a VA ITU RAP representative through an e-mail notice to tribal.agreements@va.gov.
- IHS – Contact the IHS National Office staff (Cynthia.Larsen@ihs.gov). IHS staff will inform the VA RAP team of any additional participating IHS sites.

Step 2: Onboarding Meeting

The VA- RAP team will schedule a meeting with the ITU facility staff to go over the agreement requirements, program highlights, and onboarding requirements.

Step 3: Submit Required Documentation and Attend VA Eligibility/Enrollment Training

ITU facility will submit the following completed documents to the VA ITU RAP Office at tribal.agreements@va.gov. The ITU's Implementation plan's Section 5, site readiness checklist outlines requirements which include:

- Draft Agreement (provided in Microsoft Word version with tracked changes)
- Implementation Plan, including requirements in the Site Readiness Checklist, such as:
- ITU facility points of contact (Names, emails, phone numbers, fax numbers of all applicable contacts)
- Facility and/or providers NPI and Tax ID
- Federally Qualified Health Center (FQHC) or Critical Access Hospital (CAH) Status
- VA Online Vendor Form (Complete form online via www.cep.fsc.va.gov/ and annotate in your Implementation Plan, site readiness checklist, completion)
    - An ID.me.gov account will be needed to complete the on-line form.
- Attend VA Health Eligibility Center (HEC) Eligibility and Enrollment training and submit an initial list of Veterans for verification.

Step 4: VA Document Review and Signature

The VA RAP team will confirm receipt of the information from the ITU facility and review for completeness and accuracy. The VA RAP team will notify ITU staff of any missing information.

Step 5: Agreement Completion and Distribution

- For THP/UIO - The VA ITU RAP team will send the signed agreement, implementation plan, and effective date to the THP/UIO and local VAMC staff.
- For IHS - The VA ITU RAP team will send the completed implementation plan and effective date to the IHS facility staff and local VAMC staff.

Step 6: Joint Orientation

ITU facility staff and local VA representatives will attend a joint orientation to meet their local contacts and review the program operational details and provider guide.

16. Agreement Amendment, Modifications and Cancellation

Except for cancellation, agreements may be revised or amended only by mutual written agreement signed by the signatories (or their authorized representatives) to the agreement. Either party may cancel at any time by providing a 60-day written notice of intent to cancel the agreement signed by the signatories (or their authorized representatives). Cancellation will take effect at the end of the 60-day period established by the written notice.

17. Non-ITU Care and Care Coordination with VA

When care is needed that the ITU facility cannot provide, a Veteran may use their VA benefits to access care from VA, outside of the ITU reimbursement agreement. ITU facilities can assist with care coordination by reaching out to their local VA community care office (https://www.va.gov/COMMUNITYCARE/providers/Care_Coordination.asp), or engaging the local agreement manager and Care Coordination POC identified in their implementation guide. Veterans can also directly contact the local VA medical facility for care coordination.

Following community care policies and guidelines, eligible Veterans may need to see VA primary care physicians for follow-up or continued medical needs assessments to obtain VA care.

18. Websites

VA-ITU Reimbursement Agreement Program information and resources can be found on the following websites:

- ITU RAP Provider: IHS/THP/UIO Reimbursement Agreements Program–Information for Providers - Community Care (va.gov)
- AI/AN Veteran: Does VA Cover Indian Health Service Or Tribal Health Programs Care? | Veterans Affairs

Other VHA websites also offer valuable information on topics beyond the ITU program.

Popular links include:

- Information on VA Healthcare Eligibility.
- Information on VA Healthcare Benefits.

19. Contact Information

- To reach the VA ITU RAP team, please email: tribal.agreements@va.gov.
- Email your questions about ITU claims to vha_104p_ops_western_region_nw_ihs_thp_support@va.gov.

20. Appendix

Appendix A: VA Health Eligibility Center (HEC) Enrollment and Eligibility Definitions

The definitions below relate to verifying enrollment in the VA Healthcare System and eligibility for AI/AN Veterans.

STATUS	DEFINITION	ELIGIBILITY STATUS
VERIFIED ENROLLED	Veteran status has been verified as enrolled and eligible.	**Eligible** for reimbursement under the RAP Agreement.
NOT ENROLLED	Veteran is not enrolled in the VA Health Care System	**Not eligible.** Veteran must first enroll - information on how to enroll in the VA can be found here
NOT ELIGIBLE	Not eligible for VA Care	**Not eligible**
DEFERRED (Priority Group 8G)	PG8G for VA purposes Veteran applied on or after 1/17/2003 but their income is above the income thresholds by more than 10% after allowable out-of-pocket expenses. Care eligibility is deferred. If the Veteran's total gross income changes in the future and is less than 10% over the establish threshold they may reapply for VA health care benefits at that time	**Not eligible** for Reimbursement under the RAP program as they are not eligible for VA Care at this time. Veteran may consider doing a means test at the VAMC or online.

Appendix B: Agreement Implementation Plan Template

Site Readiness Checklist

Milestone	Description	Status/Notes	Completion Date
Initial Onboarding Meeting	ITU representatives took part in the onboarding meeting.		
Local Implementation Plan	To be completed as the below documents are finalized - VA and ITU Healthcare Services and POC List		
Draft Agreement	ITU submitted draft agreement with tracked changes (MS Word Document)		
CMS FQHC/CAH status	Is the ITU facility identified as aFederally Qualified Health Center (FQHC) or Critical Access Hospital (CAH)? Identify which one if yes.		
VA HEC Enrollment Training Attendance	ITU facility members participated in the VHA HEC Eligibility and Enrollment Training		
NPI Number	Provide Primary Facility NPI		
Tax ID #	Provide Facility Tax ID		
VA Vendor Form (online)	ITU completed and submitted FMS Vendor File webform though the VA Customer Engagement Portal (CEP) - https://www.cep.fsc.va.gov/. Requires ID.ME and SAMS accounts.		
Systems for Awards Management (SAM)	Complete registration at https://www.sam.gov/SAM/		

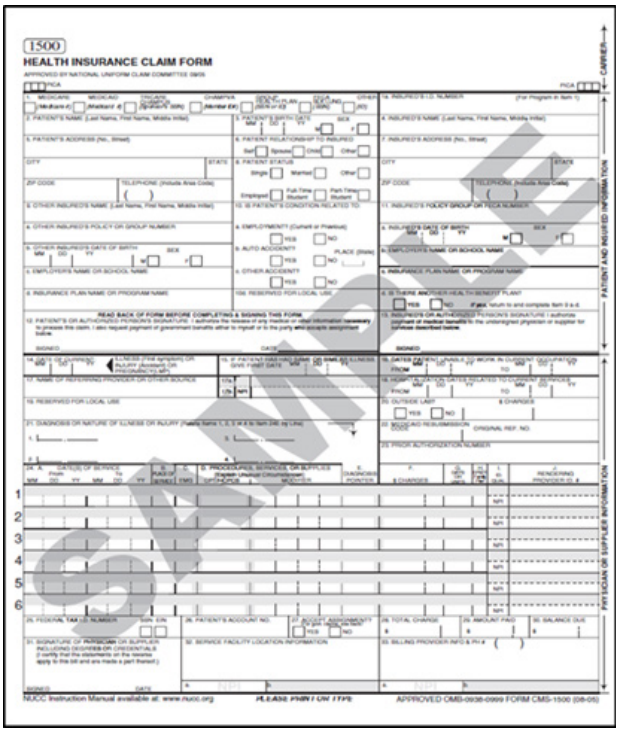
Appendix D: PRC and Contract Travel Cover Letters

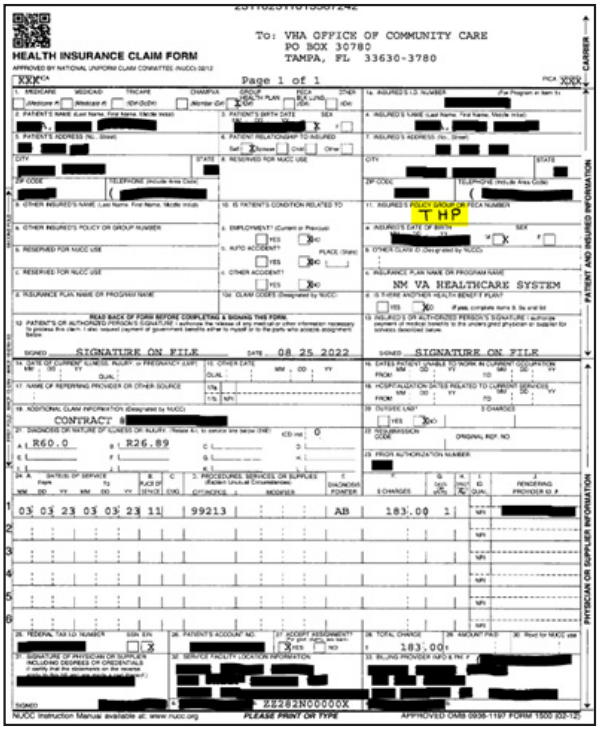
IHS Website link: https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp#Billing

THP Website link: https://www.va.gov/COMMUNITYCARE/providers/info-IHS-THP.asp#Billing

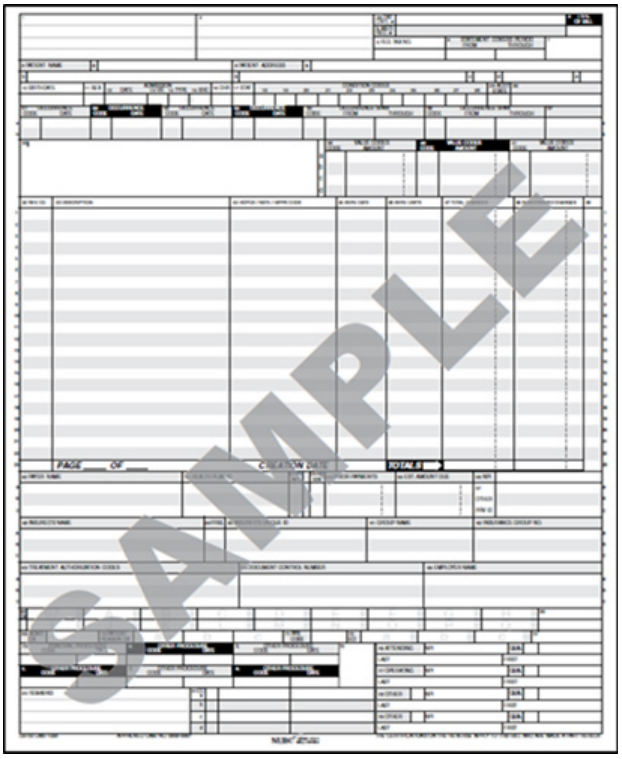
Appendix D: CMS 1500, UB-04 and ADA Form Sample

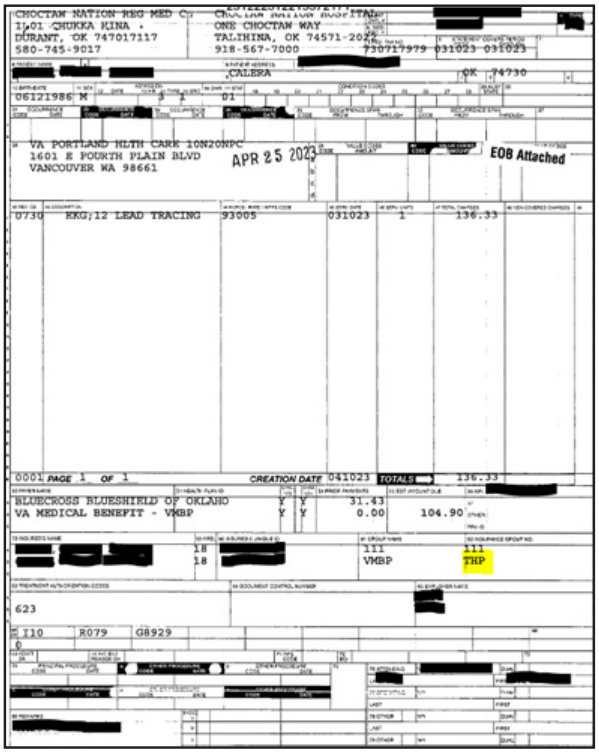
CMS 1500 Sample (HCFA)



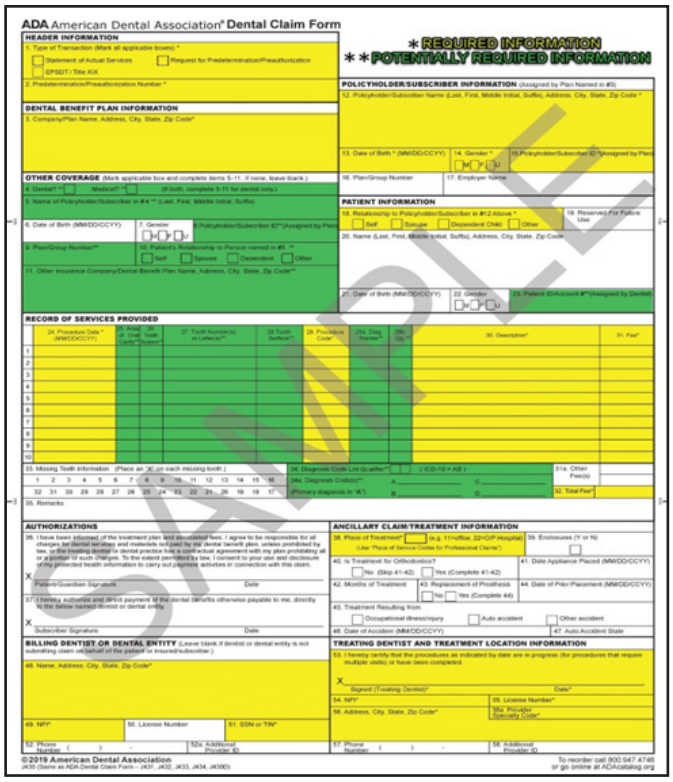


UB-04 Sample (CMS 1450)





American Dental Association (ADA) Form



ADA American Dental Association® Dental Claim Form

* REQUIRED INFORMATION
** POTENTIALLY REQUIRED INFORMATION

HEADER INFORMATION
1. Type of Transaction (Mark all applicable boxes) *
Statement of Actual Services
Request for Predetermination/Preauthorization
EPSDT / Title XIX
2. Predetermination/Preauthorization Number *

DENTAL BENEFIT PLAN INFORMATION
3. Company/Plan Name, Address, City, State, Zip Code*

OTHER COVERAGE (Mark applicable box and complete items 5–11. If none, leave blank.)
4. Dental? Medical?** (If both, complete 5-11 for dental only.)
5. Name of Policyholder/Subscriber in #4 ** (Last, First, Middle Initial, Suffix)
6. Date of Birth (MM/DD/CCYY)
7. Gender
8. Policyholder/Subscriber ID**/Assigned by Plan
9. Plan/Group Number**
10. Patient's Relationship to Person named in #5 **
Self Spouse Dependent Other
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code**

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code *
13. Date of Birth * (MM/DD/CCYY)
14. Gender *
15. Policyholder/Subscriber ID *(Assigned by Plan)
16. Plan/Group Number
17. Employer Name

PATIENT INFORMATION
18. Relationship to Policyholder/Subscriber in #12 Above *
Self Spouse Dependent Child Other
19. Reserved For Future Use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
21. Date of Birth (MM/DD/CCYY)
22. Gender
23. Patient ID/Account #**(Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date * (MM/DD/CCYY)	25. Area of Oral Cavity *	26. Tooth System *	27. Tooth Number(s) or Letter(s)**	28. Tooth Surface**	29. Procedure Code*	29a. Diag Pointer*	29b. Qty.*	30. Description*	31. Fee*
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an 'X' on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
34. Diagnosis Code List Qualifier** (ICD-10 = AB)
34a. Diagnosis Code(s)** A B C D
(Primary diagnosis in 'A')
31a. Other Fee(s)
32. Total Fee*
35. Remarks

AUTHORIZATIONS
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
X
Patient/Guardian Signature Date
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
X
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)
48. Name, Address, City, State, Zip Code*
49. NPI*
50. License Number
51. SSN or TIN*
52. Phone Number ( ) -
52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION
38. Place of Treatment* (e.g. 11=Office, 22=OP Hospital)
(Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N)
40. Is Treatment for Orthodontics?
No (Skip 41-42) Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)
42. Months of Treatment
43. Replacement of Prosthesis
No Yes (Complete 44)
44. Date of Prior Placement (MM/DD/CCYY)
45. Treatment Resulting from
Occupational illness/injury Auto accident Other accident
46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
X
Signed (Treating Dentist)* Date*
54. NPI*
55. License Number*
56. Address, City, State, Zip Code*
56a. Provider Specialty Code*
57. Phone Number ( ) -
58. Additional Provider ID

SAMPLE

©2019 American Dental Association
J430 (Same as ADA Dental Claim Form – J431, J432, J433, J434, J435D)

To reorder call 800.947.4746
or go online at ADAcatalog.org

21. List of Acronyms

Acronyms	Definition
ADA	American Dental Association
AI/AN	American Indian/Alaska Native
CAH	Critical Access Hospital
CEP	Customer Engagement Portal
CFR	Code of Federal Regulations
CMS	Center for Medicare and Medicaid Services
CO	Contracting Officer
CT	Central Time
DME	Durable Medical Equipment
eCAMS	Electronic Claims Adjudication Management System
EDI	Electronic Data Interchange
EOB/EOP	Explanation of Benefits/Explanation of Payments
ePP	eCAMS Provider Portal
ET	Eastern Time
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCFA	Health Care Financing Administration
HCPCS	Healthcare Common Procedure Coding System
HEC	Health Eligibility Center
HHS	Department of Health and Human Service
IHS	Indian Health Services
ITU	Indian Health Service, Tribal Health Programs, and Urban Indian Organization
LEIE	List of Excluded Individuals/Entities
Mod	Modification
MOU	Memorandum of Understanding
MT	Mountain Time
NPC	Network Payment Center
NPI	National Provider Identifier

Acronyms	Definition
NTP	Notice to Proceed
NW	Northwest
OCC	Office of Community Care
OGC	Office of General Council
OGTR	Office of Governmental Tribal Relations
OHI	Other Health Insurance
OIG	Office of the Inspector General
OTH	Other-Than-Honorable
PAO NF	Prior Authorization Obtained – Non-Formulary (Pharmacy)
PO	Payments Operations
POC	Points of Contact
PRC	Purchased Referred Care
SC	Service Connected
SF	Standard Form
Tax ID	Tax Identification Number
THP	Tribal Health Programs
UB	Uniform Bill
UIO	Urban Health Organizations
USC	United States Code
VA	Veterans Affairs
VAHCS	VA Health Care System
VAMC	VA Medical Center
VISN	Veterans Integrated Service Network