



NEW MAILING ADDRESS FOR SIOUX FALLS VA MEDICAL CLAIMS Effective October 1, 2018

The Sioux Falls VA Health Care System and the VA Office of Community Care are pleased to announce the centralization of claims processing and claims submission. With a few exceptions (see below), you will now mail **medical claims ONLY (not medical records)** to a new PO Box. Medical records will be faxed to the numbers listed below.

EXCEPTIONS (no changes to existing practice):

- Dental treatment plans are to be **faxed to (612) 725-4983** or sent to the **Sioux Falls VA Health Care System Attn:**

**Dental Department
2501 W. 22nd Street
Sioux Falls, SD 57117-5046**

- Contract Nursing Home (SNF) invoices and associated documents are to be **faxed to (612) 725-1266** or sent to the **Sioux Falls VA Health Care System Attn:**

**2501 W. 22nd Street (00B4G)
Sioux Falls, SD 57117-5046**

1. Our current software system utilizes a scanner to read claim forms printed on the official red National Uniform Billing Committee (NUBC) CMS 1500 or UB-04 forms. All CMS 1500 and/or UB-04 forms should be submitted on optical character recognition (OCR) original red and white forms. **Faxed claims, claims that are handwritten, black and white or copied forms, and claims on forms other than those approved by CMS cannot** be processed through the current software system.

2. VA accepts electronic medical claims that satisfy the criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Change HealthCare (formerly Emdeon) is the VA's clearinghouse for medical and dental claims. The VA's electronic payer ID number for both **institutional and professional claims is 12115** and for **dental claims is 12116**. To receive the fastest service, we encourage you to submit your claims electronically.

3. Beginning October 1, 2018, please fax all **EMERGENT medical records** fax to: (612) 725-1266.
4. Continue to fax all records for **Pre-AUTHORIZED care** to: (612)-725-4983.
5. Continue to fax all requests for additional Pre-AUTHORIZED care services to: (612) 725-4983.
6. Continue to contact **PHARMACY** for prescriptions refills and inquiries to: (605) 333-5305.



7. Beginning October 1, 2018, please mail claims for VA Care in the Community medical care for the Sioux Falls VA Health Care System to the following address:

OCC Claims Processing – Sioux Falls
PO Box 1004
Fort Harrison MT 59636-1004

8. If you have questions pertaining to billing and/or claims processing, please call: (877) 881 – 7618.

9. If you have questions pertaining to VA Care in the Community authorizations or Provider Agreements, please call (605) 336-3230 ext. 9-6647

10. If you are notifying Sioux Falls VA Health Care System of an emergent visit or admission, please call (605) 336-3230

Vendor Inquiry System and Explanation Of Benefits Information Websites:

Provider Website:

<https://www.va.gov/purchasedcare/programs/providerinfo>

Vendor Inquiry System:

<https://www.vis.fsc.va.gov/login>

Electronic Explanation of Benefits:

<https://www.vahcps.fsc.va.gov/login>

Sincerely,

Sarah Hjelseth

Office of Community Care Payment Supervisor

VISN 23 Consolidated Payment Center