

The Department of Veterans Affairs, Financial Services Center has been contracted to provide medical claims processing services to the Department of Homeland Security, Immigration and Customs Enforcement. Please thoroughly review the information contained within this document as it will assist you in submitting clean claims, resulting in our ability to expedite reimbursement.

Becoming a Payee
<ul style="list-style-type: none"> • All providers of medical service for ICE detainees are required to submit (and keep current) a W-9 and ACH Enrollment Form to the VAFSC. <ul style="list-style-type: none"> ○ Both forms can be found online at https://www.hcps.fsc.va.gov/DocumentList.aspx ○ Please submit a W-9 for each DBA under the same Tax Identification Number ○ Please submit these forms via fax to 512-460-5538 ○ 31 CFR Part 208 requires all payments to vendors be made electronically, no exceptions

Understanding Reimbursement Rates
<ul style="list-style-type: none"> • Medical services are reimbursed at the lesser of billed charges or the Medicare allowable • Dental services are reimbursed at the lesser of billed charges or 90% Usual, Customary and Reasonable (UCR) • All payments will incorporate a two percent (2%) reduction in accordance with the Budget Control Act of 2011 • Authorized health services are reimbursed in accordance with Title 18, Part III, Chapter 301, Section 4006 of the U.S. Code and shall not exceed the prescribed reimbursement rates unless explicitly authorized

Claim Requirements
<ul style="list-style-type: none"> • FSC will not process invoices unless specifically authorized by IHSC. Otherwise, standard medical claim forms are required for reimbursement, i.e. HCFA, UB-04, ADA. • All claims should be filled out in their entirety, or in the case of missing information, to the best of one’s ability. In addition to all pertinent information, the claim must also include: <ul style="list-style-type: none"> ○ ID # in boxes 15 (ADA), 1A (HCFA), 60A (UB) ○ Authorization # (when applicable) in boxes 2 (ADA), 23 (HCFA), 63A (UB) • Examples of acceptable ID numbers are: <ul style="list-style-type: none"> ○ Alien ID numbers; nine digits in length and begin with zero (0) or two (2) ○ Border Patrol numbers; vary in length and begin with “BP” ○ Office of Field Operations numbers; vary in length and begin with “OF” ○ Homeland Security Investigation numbers; twelve digits in length including a preceding “HSI” followed by nine numeric digits ○ Will not begin with “Z” • Examples of acceptable authorization numbers are: <ul style="list-style-type: none"> ○ 14-digit numbers like YYYYMMDD##### (e.g. 20170102123456) ○ 13-digit numbers like YYYYMMDD##### (e.g. 2017010212345) ○ 11-digit numbers like ##### (e.g. 01000012345) • Please ensure that the services rendered are covered by the authorization. <ul style="list-style-type: none"> ○ If an authorization lists specific CPT codes to be reimbursed, those codes, and ancillary codes associated with those codes, will be the only codes reimbursed. ○ A separate authorization is required for services not outlined in the original authorization. Additional services should be requested within one week from the DOS. ○ To obtain authorizations or to have an authorization corrected, please contact the referring agency. VAFSC will not be able to assist with obtaining or correcting authorizations.

Claim Submission

- EDI (fastest and preferred method)
 - Payer ID: VAICE
 - For more information on submitting claims electronically, please visit www.claimsnet.com/vafsc or call 800-356-0092.
- Paper (handwritten claims will not be accepted)
 - ICE Health Service Corps
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

Customer Service

- Register at <https://www.hcps.fsc.va.gov> to gain access to claim status, payment information, Explanations of Benefits (EOBs), helpful documents, Frequently Asked Questions and more!
- You may reach a representative at FSC to discuss claim status at 800-479-0523 M-F 7:30am – 3:30pm CST.
- EOBs will be mailed to medical providers by the Department of Treasury. Additional copies can only be accessed via <https://www.hcps.fsc.va.gov>. Customer Service representatives at VAFSC are not authorized to release EOBs due to strict privacy regulations.

Common Denials and How to Resolve the Issue

EOB	EOB Description <i>(with extended explanation)</i>
DENIED1	MISSING OR INVALID ID-CUSTODY CONFLICTS <i>(The ID# submitted on the claim cannot be verified as assigned to an ICE detainee, or the detainee was not in custody at the time of service.)</i>
How can I correct the issue?	
Verify that the ID# submitted on the claim was correct according to the information you received from the referring agency. If it was not, resubmit a corrected claim. If it was correct according to your documentation (e.g. authorization), contact the referring agency to have them make corrections in the custody system, or by having the agency cancel the authorization and create a new one under the correct ID#. Resubmit a corrected claim.	
DENIED3	SERVICE NOT AUTHORIZED PER TREATMENT AUTH REQUEST <i>(The authorization number submitted on the claim does not cover the service(s) rendered.)</i>
How can I correct the issue?	
Verify that the correct authorization number was submitted on the claim. If not, resubmit a corrected claim; if so, contact the referring agency to discuss the authorization and services rendered to determine the best path forward.	
DENIED4	AUTH APPT DATE/SPECIALTY/REQUEST & REASON CONFLICT <i>(The authorization contains conflicting information. For ex. Specialty Cardiology w/ approval language for a Podiatry consult, or Appt Date 01/01/2018 w/ approval language for a consult on 01/05/18.)</i>
How can I correct the issue?	
Contact the referring agency to have them correct the conflicting information. Resubmit the claim with the authorization number in the correct field for the claim form submitted.	
DENIED8	AUTH REQ'D ON ADA CLAIM, UB BOX 63, HCFA BOX 23 <i>(The claim was submitted without an authorization in the appropriate field.)</i>
How can I correct the issue?	
Resubmit the claim with the authorization number in the correct field for the claim form submitted.	

EOB	EOB Description <i>(with extended explanation)</i>
037	PRIOR AUTHORIZATION ON CLAIM IS NOT VALID <i>(The authorization number submitted on the claim does not exist in FSC system.)</i>
How can I correct the issue?	
Contact the referring agency to have them follow their internal protocol for having authorizations transmitted to FSC. The referring agency will need to contact their designated Referral Coordinator or Field Medical Coordinator for resolution.	
EOB	EOB Description <i>(with extended explanation)</i>
CXAUTH	AUTH CANCELLED. OBTAIN NEW AUTH & RESUBMIT CLAIM. <i>(The authorization was cancelled because the detainee was booked-out, refused service, the appointment was cancelled or rescheduled.)</i>
How can I correct the issue?	
Contact the referring agency to obtain a valid authorization number and resubmit the claim with the authorization number in the correct field for the claim form submitted.	

Please contact a Customer Service Representative at 800-479-0523 to discuss line item/claim denials prior to submitting a Reconsideration or Appeal, because the issue may be resolved telephonically. If a Customer Service Representative is unable to resolve the issue, please follow the process below. **Many denials are resolvable by submitting a corrected claim or speaking with a Customer Service Representative and will not require taking the following actions.**

ICE Health Service Corps Reconsideration and Appeals Process	
Reconsiderations: request for VAFSC to reconsider a line item denial on an otherwise paid claim.	
Appeals: request for VAFSC to reconsider the denial of an entire claim or to review the reimbursement rate.	
Reconsiderations and Appeals must be received within six (6) months from the date of the INITIAL claim decision.	
For your request to be routed correctly and considered, please include: <ul style="list-style-type: none"> • A completed Reconsideration / Appeal Request form (attached). An electronic version of the form can be found in General Information / Documents section at https://www.hcps.fsc.va.gov. • A copy of the Explanation of Benefits (EOB) letter. • A clean claim for processing. • Documents to support your position, e.g. proof of reimbursement methodology, proof of timely filing, a copy of the MedPAR/Authorization (Medical Payment Authorization Request). 	
Mail documentation to: <ul style="list-style-type: none"> • ICE Health Service Corps VA Financial Services Center Attn: Appeals Department PO Box 149345 Austin, TX 78714-9345 	

Reconsideration / Appeal Request

NOTE: Completion of this form is mandatory. To obtain a review, submit this form as well as information that will support your appeal, to include a copy of the EOB denial and clean claim.

Please provide the following information. (This information may be found on the authorization form.)

Today's Date:	Detainee's Alien ID #:	Type of Care: [Medical or Dental]
Detainee's First Name:	Detainee's Last Name:	Detainee's Date of Birth:
Provider Name:	TIN:	Provider Group <i>(If Applicable)</i> :
Contact Name and Title:		
Contact Address:		
Contact Phone Number:	Contact Fax:	Contact Email Address:

(You may use this form to appeal multiple dates of service for the same detainee.)

CPT Code(s):	MedPAR/Referral/Authorization Number:	Date(s) of Service:
Initial Denial Date(s) on Explanation of Benefits (EOB):		CPT Code(s) Disputed:
Explanation of Your Request <i>(please use additional pages if necessary.)</i> :		