

VA Roseburg Healthcare System

Vendor Handbook

VA Purchased Care for Providers



2010

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Purchased Care for Providers

Authorization Helpful Hints

- **All** non-emergent care must be **preauthorized**. VA encourages vendors to submit routine requests and supporting documentation as early as possible in advance. See attached **Roseburg VA Outpatient Authorization Request** form. This allows VA staff time to verify eligibility criteria and review of the request by the Medical Review Board (MRB).
- If an office visit is for an emergent or urgent situation, notify us at (800) 549-8387 x44505 in order for us to document the encounter within our system as possible ER/urgent care. If coded as emergent care, it will be reviewed as an emergency room visit.
- Veterans must be enrolled and eligible at the time of service. VA is mandated to utilize Federal facilities when available.
- VA will not usually pay for services unless they are authorized in advance.
- VA is never the secondary payer; VA does not co-pay for services.
- Please read the Authorization Document (VA Form 10-7079) carefully. VA will not be responsible for payment on any follow up appointments, diagnostic testing, or procedures that have not been pre-approved. The patient will be responsible for payment.
- All VA rules and regulations pertaining to veteran benefits, including healthcare, are established by Congress and administered by the Secretary of Veterans Affairs. These rules are subject to change.

Unauthorized Medical Care

VA requires all medical care be pre-authorized unless it is urgent or emergent. Any treatment rendered without pre-authorization will be reviewed to determine if prior authorization could have been obtained. The criteria for payment of unauthorized medical care are very specific in federal law. Consideration for payment can only be made when **all** three of the following conditions apply:

- 1) Treatment was rendered for an adjudicated service-connected disability or a condition associated with and held to be aggravating a service-connected disability, or for any

condition in the case of a veteran who is found to be in need of vocational rehabilitation and for whom an objective has been selected or who is pursuing a course of vocational rehabilitation;

2) Treatment was rendered as a medical emergency of such nature that delay would have been hazardous to life or health;

3) VA or other Federal facilities were not feasibly available.

Emergency Medical Services

Emergency medical services are not pre-authorized. However, medical services that are necessary on a prompt or emergent basis should be reported as soon as possible to the VA.

Telephone notifications:

Fee Basis (Mon – Fri, 08:00AM - 4:30PM) at (800)549-8387 extension 44505

24 hour FAX: (541)440-1278

Claims for emergency services are reviewed and verified by the VA prior to payment by our medical review board. The claims and the **emergency room report** should contain sufficient information to enable the review board to:

- Properly identify the veteran;
- Determine the condition treated and amount of treatment already furnished;
- Confirm the need for the prompt or emergency treatment;
- Determine what further treatment, if any, is required.

Claims with ER notes can be mailed to:

VA Roseburg Healthcare System

Attn: Fee Basis

913 NW Garden Valley Blvd

Roseburg, OR 97471

If it is determined that the veteran is eligible for prompt or emergent treatment, an authorization will be completed and the claim processed for payment. If it is determined that the emergency room visit did not meet the criteria for emergent medical services, an explanation of benefit letter will be sent to both the vendor and the veteran stating the reason for denial.

Hospitalizations

When veterans are emergently admitted to a non-VA hospital, the law requires VA be notified within 72 **hours** from the time of admission. This allows us the opportunity to verify eligibility or assist you in obtaining the necessary documents.

To be eligible for VA coverage for inpatient care, veterans must be enrolled in the VA Healthcare System at time of admission. By accepting VA coverage, the veteran is subject to transfer to a Federal facility or contractual facility if medically appropriate. Considerations for each transfer are as follows:

- The patient's clinical stability
- Requests for surgical/invasive procedures
- Medical services needed
- Availability of such services at a Federal facility

Every effort will be made to respond to requests for authorization of medical services in an expeditious manner. VA will not transfer any patient who is assessed by the physician and documented as clinically unstable for transfer. Please see "**Transferring VA patients to another facility**" on the next page for specific assistance with transfers.

Observation Services

Observation services are outpatient services furnished by a hospital on the hospital's premises that usually do not exceed 23 hours. These are not pre-authorized and are reviewed similar to emergency services upon receipt of the bill. Billing must indicate hours of observation and medical documentation must accompany the billing.

Transferring VA patients to another facility

If you have a VA eligible patient that needs to be transferred to another facility (and the patient wishes to use his VA benefit), please call our Patient Transfer Coordinator at (800)549-8387 extension 140174. The Patient Transfer Coordinator will verify the patient's eligibility for VA health care benefits and will facilitate transfer to needed facility if eligible. The VA is required by law to utilize federal facilities first, and then contract services. We may purchase from other sources only if federal or contract services are not available.

In all cases, an accepting physician and a bed for the patient need to be acquired before transportation can be arranged.

Submitting Bills to VA for Non-VA Purchased Care

The bill paying process for all of VA Roseburg Healthcare System is located under Fee Basis in Roseburg. In order to process an invoice in a timely manner, the VA is requesting that each invoice (preferably a UB-04 or CMS 1500) being submitted for payment has the following information:

- **Name, Address, and SSN of the Veteran**
- **Name, Address, and Tax ID of the Vendor**
- **Name, Address or facility where services were rendered**
- **Date of Service**
- **Detailed itemization, appropriate CPT and/or HCPC codes for each service provided, and ICD-9-CM (diagnosis) code.**
- **Complete documentation (progress notes, lab test results, radiology reports, history & physical, discharge summary, etc.) for services provided to support claim.**
- **Attached authorization for services rendered if available.**

Any of these items missing could result in the delay of processing your claims. **All invoices and medical records are to be sent to:**

**VA Roseburg Healthcare System
Attn: Fee Basis
913 NW Garden Valley Blvd
Roseburg, OR 97471**

Phone Number for Fee Basis

Normal VA Duty Hours: Monday – Friday 8:00 am to 4:30 pm
(800)549-8387 extension 44505
John Wallace, Health Benefits Supervisor (800)549-8387 extension 44560

Phone Number for Patient Transfer Coordinator

(800)549-8387 extension 140174