VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Working With the Veterans Health Administration:

A Guide for Providers

The Department of Veterans Affairs (VA) provides a nationwide system of health care services and benefits programs for America's Veterans. Through the Veterans Health Administration (VHA), VA provides health care to approximately 5 million Veterans annually. VA operates the nation's largest integrated health care system with more than 1,400 sites of care, including hospitals, community clinics, nursing homes, domiciliaries, readjustment counseling centers, and various other facilities. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care.

VA manages the largest medical education and health professions training program in the United States and maintains affiliations with more than 107 medical schools, 55 dental schools and more than 1,200 other schools across the country. Each year, about 90,000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States had some of their professional education in the VA health care system.

In general, Veterans seeking health care at VA expense should be treated at VA facilities. Non-VA provided care, also known as Purchased Care, is only authorized under specific circumstances, such as when VA facilities/services are not feasibly available or cannot be economically provided to the Veteran. VA may purchase care outside of VA for any form of care a Veteran may need, including inpatient, outpatient, emergent medication prescriptions, and long-term care, as long as it is related to a service-connected condition.

Once Purchased Care is authorized, Veterans may seek treatment from a provider in their community. This guide details what non-VA providers should expect in terms of authorizations and referrals, claims payment, and the return of medical documentation back to the authorizing VA Medical Center (VAMC).

Authorizations and Referrals

To ensure that VA pays for the appropriate care needed, services should always be preauthorized, except in the case of an emergency. This process helps to ensure that the Veteran, provider, and VA know what care VA is responsible for providing. If a Veteran is being treated at a VA medical facility or is under the jurisdiction of a VA provider and the provider determines that the Veteran needs care that is not available in the VA medical facility, VA is responsible for obtaining and paying for that care. Veterans cannot self-refer for medical care or services.

Referrals for Specialty Care

When specialty care is needed, the Veteran must either be evaluated in an urgent/emergent setting or call for an appointment with the primary care team. The Veteran is then screened to determine the medical necessity of the appointment. When a primary care physician determines that a specialty consult is needed, a request is completed.

Authorizations and Notifications

All non-emergent Non-VA care must be pre-authorized by VA. Office visits, outpatient diagnosis and treatment, and elective inpatient admissions must be preauthorized. A VA representative will contact your office to coordinate the Veteran's appointment date, time, and additional pertinent information. The care is authorized on a VA Form 10-7079 (outpatient) or 10-7078 (inpatient). A sample of this form is below.

Obtaining Additional Services

Additional non-emergent treatment requests must be coordinated and approved by VA prior to the treatment being initiated. To gain approval, contact the VA facility that authorized the original treatment. See the authorization form for contact information.

Developing Emergencies

If an emergency develops during the provision of authorized care/treatment, the subsequent emergency care would be authorized. **Urgent/emergent hospital admissions should be reported to the nearest VA within 24 hours when possible; notification should not exceed 72 hours.** Should the Veteran require a higher level of care that cannot be provided at the current non-VA facility, VA must be notified to facilitate admission to a VA Medical Center or to authorize the transfer to a second non-VA facility. If the VA has capacity and provides the appropriate level of service, a transfer to the VA hospital will be facilitated when the patient is stable to transfer. If the patient refuses transfer, VA payment will cease and the Veteran will be liable for additional physician and facility charges.

Sample Authorization

Department of Veterans Affairs — AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES

Issuing Office
VA Medical Center
123 Veteran Blvd
Anywhere, USA 12345

1. Date of Issue: Feb 02, 2011

2. Veteran's Name

Name of Physician or Station

3. Address

4. Veteran's Claim No.

4A. SSN

5. Authorization Valid

Name of VA Referring Provider
NPI:

From: Feb 01, 2011
To: Feb 03, 2011

PART 1. - SERVICES AUTHORIZED

6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.)

7. Fee: $

8. Fee Schedule or Contract	9. Authority	9A.	10. Estimated Amount
	17.46(b)		$100.00

11. Fiscal Symbols

12. Authorized by (Name and Title)

Upon acceptance of this authorization the provider agrees to accept VA payment as payment in full for the services described herein. As such, you may not bill the Veteran or any other entity for any portion of the care authorized by VA.

SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:

1. Services are hereby authorized by VA under the provisions of 38 U.S.C. [§]1703. Payment will be rendered in accordance with this statute and federal regulation 38 CFR [§] 17.55 and 17.56. When there is no contract or negotiated agreement in place with the non-VA provider, VA will pay claims in accordance with established regulations.

2. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.

3. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.

4. Payment by the VA is payment in full for authorized services rendered.

5. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.

6. Documentation of treatment and services should be forwarded to the Authorizing station within 14 days of service.

7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.

By Federal regulation, VA is the primary and exclusive payer for medical care it authorizes. As such, you may not bill the Veteran or any other party for any portion of the care authorized by the VA. Federal law also prohibits payment by more than one federal agency for the same episode of care; consequently any payments made by the Veteran, Medicare, or any other Federal agency must be refunded to the payer by your facility. Acceptance of this authorization is to accept VA payment as payment in full for the services described herein.

All questions relating to this authorization should be referred to the issuing VA Office

VA Form 10-7078

Unauthorized Care

Unauthorized care is when a Veteran obtains care, outside the VA health care system, without prior authorization. In limited circumstances VA may pay for care that is unauthorized. However, Veterans who obtain non-emergency, unauthorized care, run the risk of having to pay for all or part of the care they obtain.

Veterans who need emergency care, in accordance with the prudent layperson standard, are directed to the nearest emergency facility. **If emergency care requires a hospital admission, VA must be notified as soon as possible within 72 hours.**

Timely filing limits apply to unauthorized emergency care, and the requirements vary depending on whether or not the Veteran has a service-connected disability rating (see the section on Claims and Payments). It is essential that the non-VA facility contact the VA hospital as soon as possible to make them aware of the emergency treatment.

Claims and Payments

The following instructions apply to submitting claims to a VA Medical Center for payment. Please note, the following legal restrictions apply to VA payments:

- VA is prohibited from contracting with, remunerating, or accepting products and services from individuals and entities excluded from participating in federally funded programs.
- Payment by VA is considered payment in full; providers may not bill Veterans for any claimed amount above VA payment.

Electronic Claim Submission

VA accepts and encourages electronic health care claims that satisfy criteria established in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standard transactions that are included within HIPAA regulations consist of standard electronic formats for enrollment, eligibility, payment and remittance advice, claims, health plan premium payments, health claim status, referral certification and authorization.

VA contracts with Emdeon to provide clearing house services for electronic health care claims. To register or submit an EDI claim to your local VA health care facility, please call 1-800-845-6592 or visit http://www.emdeon.com/payerlists/.

While registering you will need the VA Fee Program payer IDs which include:

- 12115 for submission of medical claims
- 12116 for submission of dental claims
- 00231 for submission of any inquiry transaction

Paper Claim Submission

To submit claims for payment, complete the appropriate form and provide the codes or the treatment rendered just as you would when completing a Medicare claim. Submit the claim to the Fee Office of the VA facility that issued the authorization.

*Claim Filing Instructions for Preauthorized Care**

Claims submitted to VA for payment consideration must include a completed original CMS 1500 and/or CMS 1450 (UB-04) billing forms to include, at a minimum, the following patient and provider information:

- Patient Name (include middle initial)
- Patient Address (include zip code)
- Patient Full Social Security Number
- Provider Name
- National Provider Identifier (NPI) Number
- Provider taxonomy code(s), if known
- Tax Identification Number (TIN/EIN)
- Professional status of provider (MD, PhD, CRNA, etc.)
- Physical address where care was provided
- Remit to (mailing) address where payment should be sent
- All appropriate medical coding
- All other health insurance information

** VA reserves the right to return a claim with a request for additional information.*

*Claim Filing Instructions for Unauthorized/Emergency Care**

- Submit all required information as stated above
- Submit all medical records, reports, and treatment documents

** VA reserves the right to return a claim with a request for additional information.*

Filing Deadlines

VA Fee programs have different claims filing deadlines depending on how the claim is being considered for payment:

- Authorized Care (38 U.S.C. 1703) Preauthorized claims must be submitted within 6 years of treatment date.
- Unauthorized emergency care for service-connected Veteran claims (38 U.S.C. 1728) have a 2-year timely filing requirement, or must be filed within 2 years of a rating decision to award SC condition.
- Unauthorized emergency care for non service-connected Veteran claims (38 U.S.C. 1725) have a 90-day timely filing requirement

Payment Denials and Disagreements

Providers who disagree with the VA decision to deny payment for a claim have the right to request reconsideration of the claim. Providers disagreeing with the initial decision to deny the claim in whole or in part may submit a reconsideration request in writing to the referring VA Fee Office within one year. The request must state why the provider believes the decision is in error and must include any new and relevant information not previously considered.

The request for reconsideration may include a request for a meeting with the immediate supervisor of the initial VA decision-maker, the claimant, and the claimant's representative (if the claimant wishes to have a representative present). Such a meeting shall only be for the purpose of discussing the issues and shall not include formal procedures (e.g., presentation, cross-examination of witnesses, etc.). The meeting will be taped and transcribed by VA if requested by the claimant and a copy of the transcription shall be provided to the claimant.

After reviewing the matter, the immediate supervisor of the initial VA decision-maker shall issue a written decision that affirms, reverses, or modifies the initial decision.

The final decision of the immediate supervisor of the initial VA decision-maker will inform the claimant of further appellate rights for an appeal to the Board of Veterans' Appeals.

Payments for Veterans with Insurance

In situations where a Veteran has coverage under Medicare or any other health plan, federal law prohibits providers from receiving payment from both VA and the other health plan for the same services. Non-VA providers may not bill any other payer for care authorized by VA.

If a Veteran chooses to use VA benefits, the Veteran is responsible for paying applicable VA co-payments. VA payment is payment in full, and the non-VA provider is prohibited by law from billing the Veteran or the Veteran’s other health plan for charges beyond VA payment.

If a Veteran chooses to have a claim submitted to another health plan in lieu of VA benefits, the Veteran is responsible for paying any co-payment or deductible required by their other health insurance to the non-VA provider. Except in specific instances, VA will not pay deductibles, co-payments, or the balance of the facility charges to the non-VA facility.

Provider Registration

All providers need to be registered in VA's payment system in order for the VA to process payments for services. To register, a Standard Form 3881 and Form W-9 need to be completed. Once completed, return them to your local VA Medical Center via mail where they can upload your information into their computer system and forward your form to the center that processes the reimbursement.

You can find the forms online:

- SF 3881 at http://www.gsa.gov/portal/forms/download/3772EB5D69D1B58085256A73005BE887
- W-9 at http://www.irs.gov/pub/irs-pdf/fw9.pdf

Electronic Payments for Non-VA Providers

The U.S. Department of Treasury published a final rule on Electronic Funds Transfer (31 C.F.R. 208) on Dec. 21, 2010. This rule requires that all federal payments be made electronically. This requirement includes payments made to non-VA medical and dental providers. Non-VA providers have two options to meet this requirement.

First, you can choose to receive payment by Electronic Funds Transfer (EFT). To enroll in EFT, you'll need to complete an SF 3881 (see link above) and fax it to (512) 460-5221. Please note, converting from paper checks to EFT will reduce payment processing times. Please call the VA Financial Services Center at (512) 460-5049 for more information.

A second option is the VA Fee Pay (SmartPay) Purchase Card Program. The GSA-SmartPay Purchase Card Program offers rapid electronic claims payments. The VA will pay your Fee claims using their GSA-SmartPay Purchase Card. These payments will be made electronically to your bank account. You can track and manage your Fee payments using your account on the VAFEEPay.com transaction processing system.

Electronic Explanation of Benefits

VA has made electronic explanation of benefits (EOB) statements available for all non-VA providers. Please go to https://www.vahcps.fsc.va.gov/login.aspx for login instructions.

Additional Payment Information

For services on or after February 15, 2011, the Veterans Health Administration adopted Medicare's payment methodology for all outpatient facility and professional medical services. For reimbursement purposes, VA does not distinguish between Medicare participating and non-participating providers. All providers are reimbursed the Medicare participating rate.

Medical Documentation

Prior to the appointment/admission, please inform the referring VA point of contact and the Veteran if he or she needs to provide you with medical information to support your treatment. Local VAMC procedures will direct how non-VA providers can obtain radiology films, discs, lab values, and medical records, including:

- Labs
- Clinical Notes
- Medical Records
- Previous test/imaging results needed
- Procedure prep information
- Medical clearances needed

Care managers and transfer coordinators may be in contact with you for extended care, home care, durable medical equipment, and rehabilitation services that can be arranged through the VA for post-hospitalization care needs and transitioning back to the VA primary care provider.

Medical documentation should contain the patient's name and last four digits of the patient's social security number or date of birth on each page of the documentation returned to VA. Relevant clinical documentation includes, as applicable, the information listed below.

- Initial assessment and reassessments appropriate for clinical condition, including (but not limited to)
  - Relevant medical history and physical examination, including inventory of body systems
  - Vital signs
  - Pain assessment (using 0-10 scale)
- Initial and final diagnoses/diagnostic impressions
- List of all medications and recommended/ordered durable medical equipment/prosthetics
- Instructions given to patient
- Recommended follow-up

Additional Considerations

Durable Medical Equipment (DME)

Requests for DME include the purchase or renting of medical equipment necessary to improve function of a diseased, deteriorating or injured body part. Such equipment includes wheelchairs, hospital beds, oxygen equipment, and nebulizers.

DME items are not routinely authorized or paid through the Purchased Care program. DME should be requested of and provided by the authorizing VA facility's prosthetics or physical medicine department. Providers are encouraged to make prior arrangements and coordinate DME needs for their Veteran patients with the referring VAMC. The referring VAMC is responsible for generating a written VA consult to initiate this process.

Maternity Care

The Veterans Health Administration is authorized to provide comprehensive pre-natal, intra-partum, and post-partum care as part of the Uniform Benefits Package for eligible women Veterans. The following eligibility requirements apply to Maternity Benefits:

- The woman Veteran must be eligible and enrolled in VA care
- The VA provider should confirm the diagnosis of pregnancy and clinically decide if the request is appropriate
- A non-VA Referral Authorization for non-VA maternity care must be issued by the referring VA Medical Center

The eligible Veteran has no additional payment responsibility to the provider of non-VA maternity benefits care for services that have been authorized in advance by VA.

Questions about maternity care for a specific Veteran are best answered by the authorizing VAMC. Contact the Fee Basis Office or the Women Veterans Program Manager at that facility for further assistance.

VHA Coverage for Newborn Care

Public Law 111-163 gives VA the authority to pay for post-delivery care for the newborn children of women Veterans receiving maternity care furnished by VA. The benefit is limited to post-delivery and care provided immediately after birth and not more than 7 days following the birth. Contact the Fee Basis Office or the Women Veterans Program Manager at the Veteran's VAMC if you need further information or assistance.

Prescriptions Written by Non-VA Physicians

Non-VA physicians may prescribe medication as a part of treatment for medical care authorized by VA. In general, all prescriptions must be filled at a VA pharmacy.

Prescriptions must meet the VA Formulary guidelines, which can be found at http://www.pbm.va.gov/NationalFormulary.aspx

When it is medically necessary to start the medication promptly, and it is not possible to obtain the medication from the VA pharmacy, VA may reimburse up to a 10-day supply with no refills. The remainder of the prescription should be submitted to the VA Pharmacy Service to be filled.

Dependent Programs

In addition to purchasing health care for Veterans, The VA Purchased Care program also manages programs for dependents of Veterans. These programs operate differently than the Purchased Care/Fee program for Veterans. If you need additional information about dependent programs, please visit the following web sites:

- CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) at http://www.va.gov/hac/forproviders/champva/champva.asp
- Spina Bifida Health Care Program at http://www.va.gov/hac/forproviders/spina/spina.asp

Points of Contact

Name of VA Medical Center

VAMC Street Address

City, State 00000 | (000) 000-0000

VAMC Main Hospital: (000) 000-0000 ext.

To notify VA of Veteran emergency/hospitalization: (000) 000-0000 ext.

VAMC Fee Office: (000) 000-0000 ext.

Billing: (000) 000-0000 ext.

Utilization Review: (000) 000-0000 ext.

Eligibility Office: (000) 000-0000 ext.

Prosthetics Department: (000) 000-0000 ext.

Pharmacy Service: (000) 000-0000 ext.

Women Veterans Program Manager: (000) 000-0000 ext.

Did you know the Veterans Health Administration…?

- Created the nicotine patch to help people stop smoking
- Performed the first successful liver transplant
- Pinpointed genes for HIV, diabetes, and obesity susceptibility
- Identified schizophrenia gene and developed a unique preventive drug
- Created the bionic ankle
- Contributed to the development of the CAT (or CT) scan
- Developed new drugs and treatment for diseases such as AIDS/HIV, diabetes Alzheimer's, and osteoporosis
- Originated the use of Bar Code Medical Administration to prevent inpatient prescription errors
- Created the first enterprise-wide Electronic Health Record
- Jointly performed the first U.S. hand transplant with University of Pittsburgh
- Since 2007, rescued more than 18,000 Veterans in serious danger of suicide through Veterans Crisis Line and counseled more than 490,000 callers

This guide is current as of April 11, 2012.

SAVE PRINT