Medical Documentation Requirements
Quick Reference Guide

Key Points:
- Medical documentation is required for all services provided to a Veteran under the Department of Veterans Affairs (VA) Patient-Centered Community Care (PC3) Program and the Veterans Choice Program (VCP).
- Providers must submit medical documentation to TriWest in accordance with defined timeframes for upload to the supervising VAMC.
- Medical documentation, records and associated forms can be uploaded directly to the TriWest Provider Portal at www.triwest.com/provider.

How to Submit Medical Documentation and Claims:

(1) Upload Medical Documentation to TriWest Provider Portal
- Register for a secure account on TriWest’s portal at www.TriWest.com/provider and upload medical documentation directly to the system.
- If you are unable to access or upload via the Provider Portal, fax medical documentation to TriWest at 1-866-259-0311.
- Do not upload documentation with claims via your clearinghouse or Availity. WPS MVH cannot send your documentation to VA for review.

(2) Submit Claims to WPS MVH
TriWest uses WPS MVH for all claims processing and can accept electronic claims through your clearinghouse/billing service or via Availity. Availity's Basic Clearinghouse option allows providers to submit claims without an additional charge to the provider.
- WPS requires providers to pre-enroll with WPS in addition to enrolling with their clearinghouse for electronic transactions.
- To find clearinghouse Payer IDs, please visit: http://www.wpshealth.com/resources/provider-resources/edi/index.shtml or contact TriWest Provider Services at providerservices@triwest.com.
- Mail paper claims to WPS MVH-VAPC3, PO Box 7926, Madison, WI 53707-7926. Paper claims must be on CMS compliant forms or they will be rejected.

For more information on claims submission and EDI pre-enrollment with WPS Health Solutions a, please read our Provider Claims Quick Reference Guide or sign up for a Billing Webinar.
General Medical Documentation Content Requirements:

VA requires general medical documentation include the initial appointment and end-of-episode-of-care records. Some specialties may have additional documentation requirements. **Providers must submit all records to TriWest** for upload to the supervising VA medical center (VAMC). To be compliant, records should include the following four identifiers at a minimum:

- Veteran’s name
- Date of birth
- Gender
- Last four digits of social security number

Provider Portal “Types” of Medical Document Definitions:

Providers submitting medical documents through the TriWest Provider Portal for a VCP authorization must select the “type” of document they are submitting from a drop-down menu. Below, you will find a chart of the “types” of medical documentation you can choose from, and how to determine what constitutes each “type” of document. Again, this is for VCP authorizations only:

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Setting</th>
<th>When the document is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Outpatient</td>
<td>Outpatient/Office</td>
<td>Chart notes or report from the very first visit of the authorization date range.</td>
</tr>
<tr>
<td>Final Outpatient</td>
<td>Outpatient/Office</td>
<td>Chart notes or report from the very last visit of the authorization date range.</td>
</tr>
<tr>
<td>Initial and Final (Outpatient)</td>
<td>Outpatient/Office</td>
<td>Chart notes or report for care that will be only one date of service. “One and done”</td>
</tr>
<tr>
<td>Inpatient Discharge Summary</td>
<td>Inpatient ONLY</td>
<td>The discharge summary from an inpatient hospital stay; including associated lab, imaging and pathology reports.</td>
</tr>
<tr>
<td>Lab Reports</td>
<td>All</td>
<td>Lab reports for studies performed during an inpatient hospital stay or as part of an outpatient service. This is for stand-alone lab documents only. If the report is embedded in another type of medical document, please do not use this selection.</td>
</tr>
<tr>
<td>Imaging Reports</td>
<td>All</td>
<td>Radiology reports from imaging studies performed during an inpatient hospital stay or as part of an outpatient service. This is for stand-alone report documents only. If the report is embedded in another type of medical document, please do not use this selection.</td>
</tr>
<tr>
<td>Pathology Reports</td>
<td>All</td>
<td>Pathology reports performed in relation to an inpatient hospital stay or as part of an outpatient service. This is for stand-alone pathology documents only. If the report is embedded in another type of medical document, please do not use this selection.</td>
</tr>
</tbody>
</table>
Specific Medical Documentation Submission Timelines and Deadlines:

<table>
<thead>
<tr>
<th>Service</th>
<th>VCP and PC3 Submission Requirements</th>
</tr>
</thead>
</table>
| Inpatient (includes surgery)   | • **30 calendar days** after discharge  
• Discharge summary related to the episode of care  
• Provider will coordinate with TriWest to arrange necessary supplies, home health services and equipment.  
• For surgery, also complete and submit the [VA Purchased Surgical Care Patient Outcome Form](#) to TriWest  
• Complete the [Secondary Authorization Form](#) (SAR) and submit to TriWest to obtain approval from VA if needed. For more information on submission of SARs, please review the Quick Reference Guide on the SAR process. |
| Inpatient Rehabilitation       | • **Within 30 calendar days** after discharge  
• Include functional status and status change from onset of treatment through discharge  
• Use the Centers for Medicare and Medicaid Services’ (CMS) [Inpatient Rehabilitation Facility Patient Assessment](#) Instrument (IRF-PAI)  
• The IRF-PAI example can be found at: [https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf) |
| Outpatient Specialty Services  | • **30 calendar days** after the initial appointment  
• If additional appointments are authorized, submit to TriWest within 30 days upon completion of episode of care  
• For surgery, also complete and submit the [VA Purchased Surgical Care Patient Outcome Form](#) to TriWest  
• If additional visits or procedures are required, please use the [Secondary Authorization Request Form](#) |
| Critical Findings Category     | • **Definition:** a test result or interpretation that, if left untreated, could be life threatening or place the Veteran at serious health risk; includes results from laboratory, cardiology, radiology and other diagnostic areas are determined to be “critical,” regardless of ordering priority  
• **Within 24 hours** of identification, reach point of contact (POC) at supervising VAMC by phone  
• Indicate the VAMC staff name (point of contact) and date/time of contact in your discharge summary  
• After notifying VA, submit medical documentation to TriWest as soon as possible, but no later than 30 days. Providers must comply with VA request for earlier upload in order to expedite care. |
<table>
<thead>
<tr>
<th>Service</th>
<th>VCP and PC3 Submission Requirements</th>
</tr>
</thead>
</table>
| Suicide Risk *Critical Finding | • **Within 24 hours** by phone to supervising VAMC point of contact  
                               • A newly identified suicide risk in a Veteran *not referred* for inpatient mental health should 
                                 be considered a Critical Finding |
| Cancer Diagnosis *Critical Finding | • **Within 48 hours** by phone to supervising VAMC point of contact  
                                • A new diagnosis of cancer should be considered a Critical Finding |
| Urgent Follow-Up/Additional Care | • **Within 24 hours** by phone to supervising VAMC point of contact  
                                    • If provider determines urgent follow-up is needed after completion of care, OR urgent 
                                      additional care needed during episode of care. |
| Pathology                | • **Within 5 business days** of request for slides  
                               • These are made available to VA for review/assessment |
| Gastroenterology Procedures | • Additional documentation for Gastroenterology procedures is required from the provider  
                                • Please review the [Gastroenterology Quick Reference Guide](#) for details |
| Medical/Radiation Oncology Services | • Additional documentation for Medical/Radiation Oncology services is required.  
                                       • Please review the [Radiation Oncology Quick Reference Guide](#) for details |
| Skilled Home Health Care | • **Within 3 business days** of start of care: submit initial assessment (OASIS)  
                                   • **Within 5 business days** of completion of episode of care: submit final discharge 
                                     summary to TriWest  
                                   • Please review the [Home Health Care Quick Reference Guide](#) for additional details |
| Inpatient Rehabilitation | • **Within 30 calendar days** after discharge  
                               • Include functional status and status change from onset of treatment through discharge  
                               • Use the Centers for Medicare and Medicaid Services’ (CMS) [Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)](#)  
                               • The IRF-PAI example can be found at: [https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf](#) |
| Inpatient Mental Health  | • **Within 30 calendar days** after discharge  
                               • If suicide risk is a clinical issue, the Veteran shall be provided a written copy of their personal [Suicide Prevention Safety Plan](#)  
                               • Please reference VA’s planning manual: [http://www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.pdf](#)  
                               • The plan must include the Veterans Crisis Line telephone number, 1-800-273-8255 |
<table>
<thead>
<tr>
<th>Service</th>
<th>VCP and PC3 Submission Requirements</th>
</tr>
</thead>
</table>
| **Outpatient Mental and Behavioral Health** | - **Behavioral Health Forms** to speed submission are available online for both VCP and PC3 referrals  
  - As soon as possible, but **no less than 30 days from the session**, an Initial Assessment and a Completion of Episode of Care should be submitted  
  - If an extension or addition to authorized care/therapy is required, fax a Behavioral Health SAR as soon as possible  
  - With additional authorized care, VA may require ongoing Progress Summaries  
  - Providers **should never** submit psychotherapy process notes with contents of a private session  
  - Providers **should** submit Clinical Progress notes. These are considered part of the Veterans medical record.  
  - For additional documentation requirements, please read the [Mental Health Quick Reference Guide (QRG)](#) |
| **Home Health and Home Infusion Therapy (HIT)** | - An initial plan of care (CMS 485) should be submitted within **three business days**  
  - An end EOC record should be submitted within **five business days**  
  - Infusion therapy requires nursing notes and delivery tickets that support all services and medications billed  
  - Please refer to the [Home Health Quick Reference Guide](#) for additional information |

**What should you include in your medical records for TriWest and VA?**

Minimum requirements for content of medical documentation or records, as applicable to the care, may include:

- An executive summary of the encounter to include any procedures performed and recommendations for further testing or follow-up (i.e. discharge summary for inpatient);
- Results of community testing or imaging such as MRI, CT scan;
- Actual results of any ancillary studies/procedures which would impact recommended follow-up such as biopsy results (i.e. positive biopsy results from EoC GI provider who recommends a follow up such as surgery); and
- Any recommended prescriptions and treatment plans.