Authorization Process

Quick Reference Guide

Key Points:

- The Veteran must have an approved referral/authorization from the Department of Veterans Affairs (VA) **BEFORE** an appointment can be set and an authorization letter sent to the provider, with the exception of urgent or emergent care.
- Providers must have an approved referral/authorization on file before rendering care, unless the Veteran needs urgent or emergent care.
- The approved referral/authorization is the community carestarting point.
- Providers may check the status of an approved referral/authorization using VA's secure, web-based system, HealthShare Referral Manager (HSRM), on VA's website.

Providers should not administer non-urgent or non-emergent care to Veterans without an approved referral/authorization; otherwise, they risk not being reimbursed for their services.

The Three (3) Ways to Generate an Approved Referral/Authorization

An approved referral/authorization can be triggered in one of three ways:

1. **You (the provider) determine your Veteran patient needs additional care beyond what was originally authorized.**
   - You request additional or extended care for the Veteran by submitting a Request for Services (RFS) form directly to VA, preferably though the VA's secure, web-based system, HSRM, or via an EDI 278 compliant interface.
   - For more information on submitting an RFS, please refer to the Request for Services Quick Reference Guide

2. **The Veteran contacts his or her local VA Medical Center (VAMC) to confirm CCN eligibility and requests approval to receive community care.**
   - If the Veteran is eligible, VA may refer the Veteran to a community provider and either appoints the Veteran to a CCN provider, or delegates appointing to TriWest.

3. **VA assesses the Veteran's need and makes the determination to refer the Veteran to the community.**
   - This determination from VA generates an approved referral/authorization for the CCN provider.

Appointing After Authorizations

If you submit an RFS and VA denies it, VA will contact you directly through its chosen means.

Otherwise, after a referral/authorization goes into the system, one of three things will happen:

1. TriWest will contact your office to make an appointment for the Veteran, then send you an approved referral/authorization letter;
2. VA will contact your office to make an appointment for the Veteran, then send you an approved referral/authorization letter; or

3. The Veteran will self-appoint and notify TriWest or VA of appointment details. Once the Veteran notifies TriWest or VA of the appointment, you will be sent an approved referral/authorization letter to confirm. If you do not receive the letter prior to the appointment, reach out to TriWest or VA. If the Veteran does not self-appoint within 90 days after the approved referral/authorization, the approved referral/authorization will be returned to VA.

REMEMBER! *Once VA generates an approved referral/authorization, the appointing process can begin and the authorization letter will follow. Go to HSRM to find the authorization letter!*

Standardized Episode of Care (SEOC)

Most authorizations are in a Standardized Episode of Care (SEOC) format, which bundles the standard services covered with a procedure or type of care. Each specialty (cardiology, chiropractic, etc.) has its own version of a templated SEOC authorization.

The SEOC format is much like standing orders for bundled services. VA designed the SEOC format as a nationally templated authorization to be more inclusive of services and reduce the need for additional request for services. If more services are authorized than a provider needs to use, the provider should only bill for what's necessary.

Each specialty, or type of care, has its own templated version of a SEOC. For example, a SEOC authorization for a cardiologist would look different than the services included on a SEOC for a chiropractor. Here's an example of an acupuncture SEOC from VA:

Acupuncture Initial SEOC 1.0.7

No.	Service/Procedure	No. Visits Authorized
1	Initial outpatient evaluation for this episode of care	999
2	A maximum of twelve (12) acupuncture visits is approved for this episode of care. Approved services include acupuncture with or without electrostimulation. A maximum of one additional unit of acupuncture (with or without electrostimulation) is allowed when the re-insertion of needles is supported in medical documentation.	12

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3	If indicated, approved modalities that can be utilized during the approved acupuncture visits noted in no.2 above can include: manual therapy and therapeutic exercise procedures including but not limited to: cupping, myofascial release, and therapeutic exercises.	999
4	Outpatient re-evaluation during this episode of care as clinically indicated.	999

SEOC Disclaimer

*Additional acupuncture care beyond this trial must provide documentation of: Objective measures demonstrating the extent of meaningful clinical improvement to date; and rationale for the additional treatment requested (e.g. to reach further durable improvement, or for ongoing pain management); and any further information supporting the need for additional care *Please visit the VHA Storefront www.va.gov/COMMUNITYCARE/providers/index.asp for additional resources and requirements pertaining to the following * Pharmacy prescribing requirements * Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements * Precertification (PRCT) process requirements * Request for Services (RFS) requirements

To find a listing of all SEOCs by profile (type of care), please click on the VA's SEOC code list for covered CPT codes and other similar information. You can filter for the specialties that apply to your practice, and review the range of CPT codes that are allowed with a specific SEOC. Please be aware, these codes are continually updated and expanded, so return to the page rather than print it to make sure information is current.

Subrogation

Providers must always notify TriWest immediately in cases where CCN health care services are being provided that are related to or associated with any claim involving subrogation against:

- Workers' compensation carrier;
- An auto liability insurance carrier;
- Third-Party tortfeasor (e.g. medical malpractice); or
- Any other situation where a third-party is or may be responsible for the cost of CCN healthcare services.

VA requires TriWest to report these cases to VA within 30 days of identifying the event. Therefore, providers must notify TriWest immediately to comply with this VA requirement.