Authorization Letters

Quick Reference Guide

Key Points:

Use this guide to help you understand how to read and interpret your authorization letter from TriWest.

- After an appointment is scheduled by either a TriWest or VA Medical Center (VAMC) representative, TriWest generates an authorization letter and sends it to the provider.
- 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 (cardiologist, chiropractor, etc.) has its own version of a templated SEOC authorization.
- All authorizations will have a timeframe associated with them listed under "Valid Dates." Allowed services must be provided within this defined timeframe or they will be denied.
- Routine lab testing and/or X-ray services, when medically necessary, are included in all authorizations, whether conducted in the provider's office or by a third-party.
- A servicing provider, along with the facility or ambulatory surgery center which is used to perform the approved services, is also considered covered if the episode is authorized.
- For complex authorization questions, please contact either TriWest or the authorizing VAMC, depending on which entity scheduled the appointment. You can look up who to contact on your authorization letter.

About SEOC Authorizations

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 paperwork. A VAMC should neither add to nor delete from the included services for a templated SEOC. 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.

To find a listing of all SEOCs by profile (type of care) please click on the VA's SEOC code list. 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.

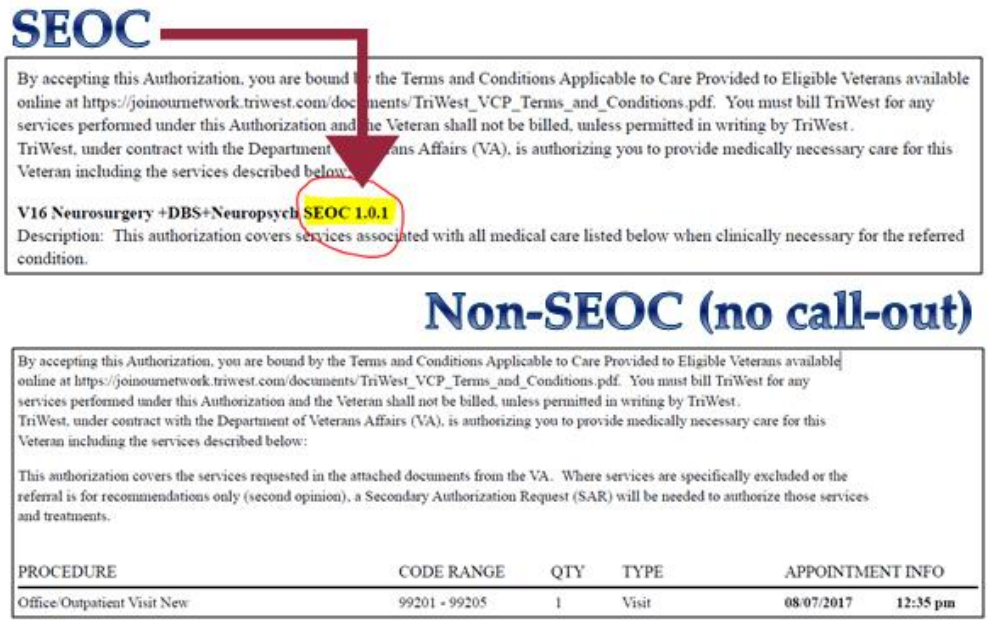
Please be aware, these codes are continually updated and expanded, so return to the page rather than print it to make sure information is current.

For more information, go to VA Storefront

View a map of VA Community Care Regions

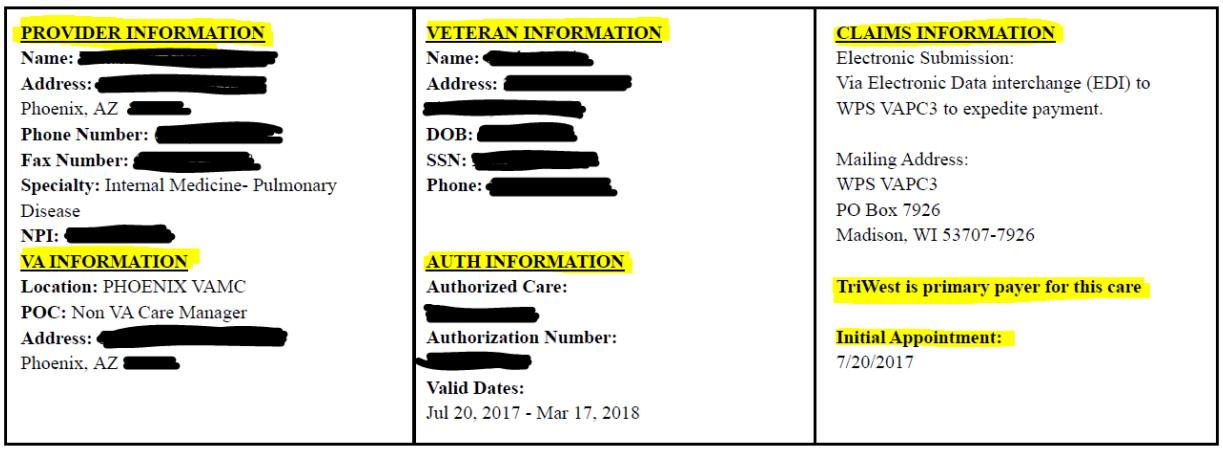
Do You Have a SEOC Authorization?

Most authorizations are now in a SEOC format, but a few have not converted to the new template yet. Below is an example of a SEOC authorization versus a non-SEOC authorization. As you can see, if you have a SEOC, it's called out in a bolded sub-section on the first page of your authorization letter. Before you start reading and interpreting your authorization, please confirm you do have a SEOC.



The "Face Sheet" Information

At the very top of your SEOC is the "Face Sheet." In the Face Sheet, you will see several sections, such as the provider information, information for the authorizing VAMC, the Veteran's personal information, and the type of care that is being authorized. The Face Sheet also includes the authorization number and the Valid Dates—which is the timeframe by which the provider must administer the care.



For more information, go to [VA Storefront]
[View a map of VA Community Care Regions]

The SEOC "Narrative"

The next section on the SEOC is called the "Narrative." It explains ***how*** you are authorized to administer the approved services. You may often find information listed here such as approved referrals to a specific type of provider, or follow-up care visits. We refer to this section as the Narrative because it spells out, in narrative form, what is being authorized.

If you look to the highlighted verbiage below, you will see, "All medically necessary visits for services indicated below are covered." If you see this phrase on your SEOC under "Duration," it means you have an unlimited number of office visits approved within the valid dates.

Depending on your specialty, the Narrative section may vary. Some specialties may only allow a certain number of visits. In those cases, you will see the number of visits listed under "Duration," as well.

Neurosurgery SEOC 1.0.1

Description: This authorization covers services associated with all medical care listed below when clinically necessary.

Duration: 180 days. All medically necessary visits for services indicated below are covered.

Overview:

- Initial outpatient evaluation and treatment for the referred condition
- Diagnostic images/laboratories/studies relevant to the referred condition
- Procedures and pathology services relevant to the referred condition if clinically indicated
  - Endovascular therapy for intracranial pathology before, after, during or in place of a surgical procedure.
- NeuroPsychologist consultation and office visits
- DBS programming for Neurology patients after DBS implementation
- Physical therapy or occupational therapy prior to surgical intervention as clinically indicated, not to exceed 14 visits (one evaluation, 12 follow-up visits and one re-evaluation)
- Anesthesia consultation related to the procedure
- Pre-operative medical and cardiac clearance as indicated, to include H+P/labs, EKG, CXR
- Inpatient admission for surgical procedure if indicated
- Inpatient admission or observation status for complications related to the procedure
- Four post-operative follow-up visits for this episode of care beyond the global period.
  - Follow-up images/studies/laboratories as indicated (not to exceed four (4) visits for MRI, CT and X-ray.
- Post-op physical therapy, occupational therapy and/or speech therapy after surgery as clinically indicated, not to exceed 14 visits for each type of therapy (one evaluation, 12 follow-up visits and one re-evaluation)

VA Storefront

Also included in the Narrative section is some verbiage referring to the "VA Storefront." The VA Storefront is essentially VA's online hub for the Community Care programs. The link to the VA Storefront is included on your authorization letter: www.va.gov/COMMUNITYCARE/providers/index.asp.

SEOCs direct providers to the VA Storefront for information on different aspects of care coordination, mainly for the processes regarding prescriptions and requesting additional care. Currently, the VA Storefront has information relevant to the Community Care Network (CCN).

To access the VA Storefront relevant information, first click "For Providers" on the left-hand navigation menu, and then "Request and Coordinate Care." From there:

- **For information on Durable Medical Equipment (DME) and pharmacy:** click "Durable Medical Equipment/Pharmacy Requirements"
- **For additional care requests:** click "Request for Service (RFS) Requirements," and then click the hyperlinked RFS form on the bottom of the section.

For more information, go to VA Storefront
View a map of VA Community Care Regions

The SEOC "Code Range" Section

After the Narrative, you will find the Code Range section. The Code Range, as seen in the example below, is an all-inclusive list of authorized CPT codes. They are listed by range, rather than by specific codes. For example, instead of listing codes 1112, 1120, 1130, and 1140, the authorization letter may simply say "1112-1140." All codes listed on your authorization letter are covered and billable for the referred condition, including if certain care is provided through another network provider.

Not all services need to match the exact CPT codes listed on the authorization, as long as the CPT codes are medically necessary and related to the episode of care outlined in the SEOC, and are either traditionally included under Medicare-covered services, or listed on the VA fee schedule. This allows providers to deliver additional services associated with the specialty referral without submitting a Request for Service (RFS), but providers must ensure that the CPT codes are related to the initial SEOC otherwise an RFS should be submitted.

If you are requesting extensions of care and referrals to other specialties not included in the SEOC, you will need to fill out a RFS form and submit it to either TriWest or the authorizing VAMC, depending on which entity appointed. You can find more information on the RFS process by reviewing our RFS Quick Reference Guide. Labs, X-rays, pathology and medications will not require a RFS.

Covered services include the following procedure codes: 29240-29550, 33214, 33222-33231, 33241, 33249, 33262-33264, 33270-33273, 51798, 62160-62165, 62225-62258, 62270-62273, 63650-63663, 64550-64565, 64600-64620, 64642-64680, 70450-70492, 70540-70543, 70551-70553, 70557-70559, 71250-71270, 71275-71555, 72125-72133, 72141-72158, 72192-72198, 73200-73202, 73218-73225, 73700-73706, 73718-73725, 74150-74178, 74181-74185, 75557-75574, 76376, 76536, 76700-76776, 76801-76817, 76820, 76830-76882, 76937, 76941-76948, 77058-77059, 78452, 90791, 92920-92973, 93000-93018, 93040-93042, 93224-93229, 93279-93464, 93320-93325, 93600-93662, 93880-93998, 95812-95822, 95831-95833, 95851-95913, 95970-95979, 96150, 96116-96118, 96120-96125, 97010-97036, 97110-97124, 97140-97164, 97165-97542, 97166-97535, 97750-97761, 98925-98929, A9500-A9505, G0152, G0283, G0365, G0463, J0153, J0585, J1245-J1250, J0585, J1245-J1250, J2785, S9129

Remember...

Narrative

*HOW you can administer the approved services

Neurosurgery SEOC 1.0.1

Description: This authorization covers services associated with all medical care listed below when clinically necessary.

Duration: 180 days, All medically necessary visits for services indicated below are covered.

Overview:

- Initial outpatient evaluation and treatment for the referred condition
- Diagnostic images/laboratories/studies relevant to the referred condition
- Procedures and pathology services relevant to the referred condition if clinically indicated
  - Endovascular therapy for intracranial pathology before, after, during or in place of a surgical procedure.
- NeuroPsychologist consultation and office visits
- DBS programming for Neurology patients after DBS implementation

Code Range

*WHAT the approved services are

Covered services include the following procedure codes: 29240-29550, 33214, 33222-33231, 33241, 33249, 33262-33264, 33270-33273, 51798, 62160-62165, 62225-62258, 62270-62273, 63650-63663, 64550-64565, 64600-64620, 64642-64680, 70450-70492, 70540-70543, 70551-70553, 70557-70559, 71250-71270, 71275-71555, 72125-72133, 72141-72158, 72192-72198, 73200-73202, 73218-73225, 73700-73706, 73718-73725, 74150-74178, 74181-74185, 75557-75574, 76376, 76536, 76700-76776, 76801-76817, 76820, 76830-76882, 76937, 76941-76948, 77058-77059, 78452, 90791, 92920-92973, 93000-93018, 93040-93042, 93224-93229, 93279-93464, 93320-93325, 93600-93662, 93880-93998, 95812-95822, 95831-95833, 95851-95913, 95970-95979, 96150, 96116-96118, 96120-96125, 97010-97036, 97110-97124, 97140-97164, 97165-97542, 97166-97535, 97750-97761, 98925-98929, A9500-A9505, G0152, G0283, G0365, G0463, J0153, J0585, J1245-J1250, J0585, J1245-J1250, J2785, S9129

For more information, go to VA Storefront

View a map of VA Community Care Regions

- All routine lab testing and/or X-ray services, when medically necessary, are included in all authorizations, whether conducted in the provider's office or by a third-party.
- If referring to a third-party for labs or other diagnostics, always send a copy of the authorization so the provider may bill using the same authorization number.
- Always include the authorization number on any ancillary claim or "downstream" servicing provider, including an anesthesiologist, facility or other.
- TriWest appoints based on NPI, however all claims, portal access and contracting is based on the tax identification number (TIN). You do not need to be associated with an authorization in our system for your claim to pay.
- VA Consult forms (inpatient, outpatient or other) have additional details related to each episode of care along with any care exclusion language. These are typically included with a referral and should guide care decisions.

For a listing of service codes associated with a specific SEOC, please review VA's SEOC code list **– which shows the code list for each SEOC Profile.**