



**Department of
Veterans Affairs**

Spokane VA Medical Center

VENDOR/PARTNER

GUIDEBOOK

SERVING AMERICA'S

VETERANS

Updated January 2010

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Non-VA Purchased Care Program

What is the Non-VA Purchased Care Program?

- The Non-VA Purchased Care Program at the Spokane VA Medical Center is located within Health Care Administration Service and is part of the Resource Management Section.
- The Non-VA Purchased Care Program is designed to purchase health care for eligible veterans when VA or other Federal facilities are not feasibly available to furnish care.

When is Non-VA Care Authorized?

- All eligibility criteria must first be met before consideration can be made to purchase healthcare.
- If care ordered by the VA provider cannot be provided feasibly by another VA or Federal facility, a veteran may be referred to the community in one of two ways:
 - They may receive an authorization to select a provider of their choice to obtain the needed care, or;
 - They may receive a telephone call from our partners at Humana using the Project HERO contract. This service opens up the Humana network of providers to veterans who are referred to the program. Project Hero personnel will contact them and coordinate an appointment with a network provider as close to their home as possible.



Integrated Care Management Program

The Integrated Care Management (ICM) program has a dedicated team of Registered Nurse (RN) Care Managers and specially trained Patient Services Assistants (PSA) for Spokane veterans. The goal of this team is to know the veterans, the healthcare providers, and services available in the community where the veteran resides. They determine who is entitled to what care and where the care will be provided. VA and Federal regulations guide these decisions.

Veterans served by the Wenatchee “Bud Link” Community Based Outpatient Clinic, and the Coeur d’Alene Community Based Outpatient Clinic are also served by the personnel in the Integrated Care Management program located in Spokane.

The Integrated Care Management program can be reached by calling
(509) 434-7609

Contact your Regional Care Management Team for:

- Preauthorization
- Eligibility & entitlement status
- Requests for inpatient/outpatient surgery
- Referrals for specialty care
- Requests for diagnostic testing
- Care management referrals
- Information on VA Health Care and support services
- Durable medical equipment, educational materials, and home health services
- Authorized periods of care for veterans who are chronically ill, if a care plan is submitted.

Referrals for individual medical/surgical treatments come mainly from you, the provider. Federal regulations require that care for veterans must be provided in a federal facility when it is available. Therefore, VA may request that medical/surgical treatment be done at the Spokane VA Medical Center, the Puget Sound VA Health Care System, the Portland VA Medical Center, other VA Medical Centers, contracted facilities, or other facilities in the community. The Integrated Care Managers will work with you to make those instances go smoothly for the veteran and for you, the healthcare provider.

This page lists services that are available at the Spokane VA Medical Center. Some services may have limited availability:

General treatment of skin diseases	Women's health
Skin cancer screening and treatment	Social service support
General outpatient medical care, including basic mental health services	VA formulary items prescribed by a VA practitioner
Crutches	Contraceptive items
Home monitoring devices	Drugs to treat sexual dysfunction (limited to 6 doses per month)
Low vision devices	Diabetic supplies
Orthopedic prosthetic devices prescribed by a VA physician	Hormonal replacement therapy following gender reassignment
Walkers	Outpatient physical therapy as prescribed by a VA physician
Wheelchairs	Outpatient occupational therapy as prescribed by a VA physician
Emergency care at non-VA facility	Rehabilitation following cardiac transplant, bypass surgery or MI
Emergency care at a physician's office is not covered	Comprehensive inpatient rehabilitation
Service Connected conditions affecting the feet	Post acute inpatient rehabilitation
Hearing testing	Ongoing rehabilitation and health maintenance
Hearing conservation programs	Blind rehabilitation
Hearing aids	Low vision rehabilitation
In home primary care services	Cardiology
At a VA facility as ordered by a VA physician	Gastroenterology
Hospitalization for elective services as ordered by a VA physician	Hematology
Intensive care services	Infectious disease
Operating room and recovery	Neurology
Hospitalist services	Oncology
Anesthetic services	Pulmonary
Blood tests	Rheumatology
Urinalysis	Chemotherapy
CT Scans and MRI	Elective surgical care and consultation
Ultrasound	General surgery
Electrocardiograms	Orthopedic surgery
EEG	Service connected conditions
Hospice care	Diagnosis and treatment of eye diseases
Respite care	Eye refraction
Family planning services	prescribed by VA and dispensed by VA only
Outpatient diagnostic and treatment services	Dental cleaning
Family and marital counseling	Extractions
Inpatient hospitalization	Dental prosthetic devices (Service Connected conditions)
Chemical dependency	Oral Surgery (Service Connected conditions)
Outpatient	Insulin pumps
Vocational rehabilitation	Patients with diabetes or vascular disease
Homeless assistance	Intensive psychiatric programs for serious mental illness
Total blood cholesterol	Polytrauma rehabilitation
Fecal occult blood testing annually beginning at age 50	Chemical dependency detoxification
Colonoscopy every 10 years beginning at age 50	Routine PAP testing for women annually
Sigmoidoscopy every 5 years beginning at age 50	Pneumovax
PSA prostate cancer screening annually beginning age 40	Flu vaccination
	Tetanus
	Blood glucose monitors

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 weblink to the **Spokane VA Outpatient Authorization Request** form. This allows VA staff time to verify eligibility criteria and review of the request by the Integrated Care Manager.
- If an office visit is for an emergent or urgent situation, notify VA by utilizing the **ER/Observation Alert Form** 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.

See attached **VA Form 10-583**, Claim for Payment of Cost of Unauthorized Medical Services.

Veterans Millennium Health Care and Benefits Act (Mill Bill)

Veterans who have no service connected conditions, or those who received emergency treatment of such a nature that delay would have been hazardous to life or health, and meet **all** the following criteria, may have a benefit under the Mill Bill for the payment of the approved services.

- (1) A veteran is an individual who is an active Department of Veterans Affairs health-care participant who is personally liable for emergency treatment furnished the veteran in a non-Department facility.
- (2) A veteran is an active Department health-care participant if—
 - (A) the veteran is enrolled in the health care system established under section [1705 \(a\)](#) of title 38 U.S.C.; and
 - (B) the veteran received care under this chapter within the 24-month period preceding the furnishing of such emergency treatment.

(3) A veteran is personally liable for emergency treatment furnished the veteran in a non-Department facility if the veteran—

(A) is financially liable to the provider of emergency treatment for that treatment;

(B) has no entitlement to care or services under a health-plan contract

(C) has no other contractual or legal recourse against a third party that would, in whole or in part, extinguish such liability to the provider; and

(D) is not eligible for reimbursement for medical care or services under another fee basis program.



Pharmacy Services

The VA pharmacy provides needed medications accurately, safely, and in a timely manner. They monitor therapeutic outcomes of prescribed medications to minimize potentially negative effects. The Pharmacy is authorized to fill only those prescriptions written by a VA provider or an approved fee-basis provider. Prescriptions may be brought in person to the VA Pharmacy window, 4815 N. Assembly Street, Spokane WA or mailed to the VA Pharmacy at the following address:

Spokane VA Medical Center
Attn: 119 (Pharmacy)
4815 N. Assembly Street
Spokane, WA 99205
PH: 509-434-7700
FAX: 509-434-7111

VA is restricted to a formulary system of stocked drugs. If a physician prescribes medication that is not on the VA formulary, the pharmacy will contact the prescribing physician and recommend an alternative medication that is in the VA formulary. Special requests for non-formulary medication must be processed through the VA pharmacy and meet all necessary criteria. To obtain a copy of the VA formulary list of medications, please visit <http://vha20web3/csp/user/webrx/index.csp>.

When prescriptions are written and the patient does not have access to the VA Pharmacy, only medications required for authorized conditions will be approved. Two prescriptions should be written in these instances. The first prescription may be filled at your local pharmacy upon approval from the VA Pharmacy for no more than a ten (10) day supply. The second prescription should be for a thirty-day (30) supply with no more than five refills. This prescription should be mailed to the VA Pharmacy Service at the above address. Hometown pharmacy approval for emergent medications can be obtained by having your pharmacy contact the VA Pharmacy. The VA Pharmacy staff is available Monday – Friday, 8:00 am – 4:30 pm. Hometown pharmacy approval can be obtained during weekends and holidays from the Administrative Officers of the Day at (509) 434-7010.

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 within 72 hours in order to be reviewed to be considered as an authorized claim. Please submit notification of emergent medical care by phone call or facsimile. See “**VA ER/OBSERVATION ALERT**” form.

Veterans are reminded that any emergency they may have be treated by the nearest emergency department.

Telephone notifications:

Integrated Care Management Team (Mon – Fri, 08:00AM - 4:30PM)
@ (509) 434-7609

24 hour FAX: (509) 434-7158

Administrative Officers of the Day are available 24 hours a day
@ (509) 434-7010

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:

Spokane VA Medical Center
Attn: Fee Basis
4815 N. Assembly Street
Spokane, WA 99205

If it is determined that the veteran is eligible for prompt or emergent treatment, an authorization will be completed and forwarded to our Fee Basis department 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 in order for the admission to be considered authorized. This allows us the opportunity to verify eligibility or assist you in obtaining the necessary documents.

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.

By accepting VA coverage, the veteran is subject to transfer to a Federal facility or contract facility, if medically appropriate.

Considerations for each transfer:

- 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 by the Integrated Care Management Team upon receipt of the bill. Billing must indicate hours of observation and medical documentation must accompany the billing. Hours in excess of 23 hours must be medically justified and will be considered for rare and exceptional cases.

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 contact the ICM program during normal administrative hours, or the Administrative Officer of the Day (AOD) at (509) 434-7010, after 4:30PM. The ICM or AOD 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. The Spokane VA Medical Center has access to an air ambulance service to provide ambulance services to eligible veteran patients. The AOD is the designated contact to arrange for transport. Ambulance arrangements made outside AOD channels may result in the VA not authorizing payment for the ambulance.

Many patients can be transferred to the Spokane VA Medical Center in Spokane. In this case, we will alert the on-call physician who will then speak with the referring provider. Upon acceptance by the Spokane physician, we will initiate ambulance transportation for eligible veterans from your facility to Spokane or another appropriate federal facility as needed. This is the preferred method of patient referral, as federal law requires veterans to be cared for at federal facilities when possible.

There may be instances where the patient requires health care services that Spokane VA Medical Center cannot provide (i.e. interventional cardiology, neurosurgery), transfer to the VA Puget Sound Health Care System, Seattle Campus, or the Portland VA Medical Center may be requested.

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

Utilization Management

Our Utilization Management (UM) team consists of Utilization Review (UR) registered nurses, UR administrative staff that process admissions, and work with the AOD's who verify eligibility and facilitate transfers. VA requires all admissions be reviewed. The admitting facility should provide initial clinical update within 24 hours of admission and regular updates every 48-72 hours, or as requested. These updates are included in the decision process for potential transfers. These updates may be called in (509) 434-7609 or preferably, faxed to (509) 434-7158.

Submitting Bills to VA for Non-VA Purchased Care

The bill paying process for all of Spokane is located under Fee Basis Section of Health Care Administration Service in Spokane.

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. We process all claims off invoices, not statements.

All invoices and medical records are to be sent to:

**Department of Veterans Affairs
Spokane VA Medical Center
ATTN: Fee Basis
4815 N. Assembly Street
Spokane, WA 99205**

Any questions or concerns regarding payment or coding issues may be directed to one of the following:

Fee Basis Main number/Billing Inquiries or Status	(509) 484-7936
Fee Basis Fax number	(509) 483-1254
Juli Summerlin, Supervisory Fee Program Manager	(509) 484-7932

Here is some helpful information and items to be concerned with when submitting an invoice for payment.

- When processing invoices for payment, remember that if VA preauthorized the care, then VA payment is considered payment in full for that service. We do not pay balance after Medicare and/or secondary insurance.
- Outpatient and inpatient charges are subject to VA's Fee Schedule for payment with the exception of contractual agreements.
- All submitted charges must have accompanying documentation.
- The Spokane VA Medical Center follows guidelines similar to Medicare for billing and coding.
- Inactive codes cannot be processed for payment. Please reference the current AMA CPT or HCPCS publications.
- If you are billing for both TC (technical component) and PC (professional component), please bill the global CPT code with no modifier and the total charge on one line item.
- If you are billing for just the TC, please bill with the appropriate modifier.
- Late charges should be billed separately from the original invoice and contain only charges that were not previously submitted.
- Each month, letters are generated explaining any suspended payments, reduced charges and/or services included in the primary service code.
- Please be aware that processing invoices for payment comes first. Frequent vendor inquiries for payment status back up our payment process.



Common VA Departments and Extensions:

Normal VA Duty Hours: Monday – Friday 8:00 am to 4:30 pm

- **Emergency:** 911
- **24 Hour Nurse:** 1-800-325-7940
- **Change Your Appointment:** 509-434-7050
- **National Veterans Helpline:** 1-800-507-4571
- **Patient Locator:** 509-434-7000
- **Pharmacy Refill:** 509- 434-7011
- **Staff Locator:** 509-525-5200
- **Suicide Prevention:** 1-800-273-TALK (8255)
- **Telephone Care:** 1-800-325-7940

Other Important Numbers to keep handy

Telehealth (8:00 am–4:00 pm) veterans’ health concerns 1-800-325-7940

AOD’s – “24/7” for VA transfers, after hour questions 1-509-434-7010

To update address or any changes, please fill out information below and return it to the Spokane VA Medical Center.

BUSINESS NAME _____

TAX ID _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____

FAX# _____

SPECIALTY/CREDENTIALS _____

SPONSOR/COLLABORATOR (If applicable) _____

NPI# _____

****PLEASE FILL OUT AND FAX TO:**

**Attn: Fee Basis
(509) 483-1254**

Or mail to:

**DEPARTMENT OF VETERANS AFFAIRS
Spokane VA Medical Center
Attn: Fee Basis (136F)
4815 N. Assembly St.
Spokane, WA 99205**