



Non-VA Purchased Care (Fee Basis)

- A program to manage and process all requests for non-VA provided health care services
- Non-VA facility care, or the use of Fee Basis, is generally only authorized when appropriate VA services and/or facilities are not available or cannot be economically provided to the veteran



Non-VA Purchased Care (Fee Basis)

- Veterans seeking health care at VA expense should obtain such care at VA facilities
- The use of Fee Basis, or non-VA facilities, is NOT considered a permanent solution for veteran health care needs



Non-VA Purchased Care (Fee Basis)

Programs Covered

- Outpatient Medical
- Non-VA Hospital
- Pharmacy
- Dental
- Unauthorized Claims (1703 and 1725 Mill Bill)
- Community Nursing Home
- Home Health



PREAUTHORIZED OUTPATIENT

- When VA facilities are not capable of furnishing care we may authorize care for:
 - A service-connected disability
 - A disability for which a veteran was discharged from active duty
 - Any disability of a veteran rated Permanently and Totally (P&T)
 - An adjunct condition



PREAUTHORIZED OUTPATIENT

- Continued...
 - Any disability of a veteran in Vocational Rehabilitation
 - Any disability for a veteran rated at 50 percent or more
 - A veteran of World War I
 - A veteran who is in receipt of Aid and Attendance (A&A) and/or house bound benefits



PREAUTHORIZED OUTPATIENT

- Continued...
 - Any disability of a veteran who has previously received care in a VA facility & requires continued treatment that VA cannot provide



PREAUTHORIZED INPATIENT

- When VA facilities are not capable of furnishing care we may authorize care for:
 - A veteran Service Connected-SC or Non-Service Connected-NSC needing hospital care for emergent conditions which arise while receiving care in a VA facility
 - Service-connected condition being treated
 - A disability for which a veteran was discharged from active duty



PREAUTHORIZED INPATIENT

- Continued...
 - Any disability of a veteran who is rated P&T
 - An adjunct condition
 - Any condition of a veteran in Voc Rehab
 - Women veterans
 - Authorized travel status



UNAUTHORIZED EMERGENCY CARE

- VA may authorize for care delivered in a medical emergency when VA facilities are not feasibly available for:
 - A service-connected disability
 - An adjunction condition
 - Any disability of a veteran who is rated P&T



UNAUTHORIZED EMERGENCY CARE

- Continued...
 - Any disability of a veteran in Voc Rehab
- Hint: Veteran is P&T or disability under treatment is service-connected



EMERGENCY CARE UNDER MILL BILL

- We may authorize for care delivered in an emergency if all the following are met:
 - Care was delivered in an emergency facility
 - Initial care is determined to be an emergency by a prudent layperson



EMERGENCY CARE UNDER MILL BILL

- Continued...
 - VA/Federal facilities were not feasibly available
 - Veteran was enrolled in VHA healthcare at time of emergency
 - Veteran must have been seen at any VA facility within preceding 24 months
 - Veteran has no health plan or coverage for care delivered



EMERGENCY CARE UNDER MILL BILL

- Continued...
 - For accidents and/or 3rd party liability...all claims for payment or reimbursement must have been exhausted with out success
 - Veteran is financially liable to the provider for payment of emergency treatment received
 - Treatment was provided in a hospital emergency room department or a similar facility providing emergency care to the public
 - Veteran is not eligible for reimbursement under 38 U.S.C. 1728 for treatment of condition claimed
- Hint: Veteran is NSC or disability under treatment is not service connected



ELIGIBILITY COMPLEXITY





FORMS

- CMS-1500
- CMS-1450 a.k.a. UB-04
- HCFA-1500
- UB-92
- 10-583-Unauthorized claims only



REQUIRED DATA

- Veteran demographics
- Vendor demographics, including NPI's
- Complete treating facility information
- Complete remit to information
- Dates of service
- Appropriate CPT/HCPC codes for each service provided
- Appropriate ICD-9 CM codes



MEDICAL DOCUMENTATION

- Detailed itemization bill
- Complete documentation including: ER report, progress notes, lab test results, radiology reports, history and physical, dictated discharge summary, etc.
- Attach authorization for services rendered if available



TOOLS TO USE

- For general VA information
- www.va.gov
- For general Fee Program information
- www.va.gov/hac/nonva
- United States Code
- www.gpoaccess.gov/uscode/index.html
- Code of Federal Regulations site
- www.gpoaccess.gov/cfr/index.html



TOOLS TO USE

PUBLIC WEBSITE OVERVIEW

www.va.gov/hac/nonva/nonva.asp



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

[VA Home](#)[About VA](#)[Organizations](#)[Apply Online](#)[Find a Facility](#)[Contact VA](#) [Non-VA Care
\(Fee Program\)](#)[Pre-authorized
Outpatient Care](#)[Pre-authorized
Inpatient Care](#)[Unauthorized
Medical Care](#)[Emergency Services](#)[Electronic Data
Interchange \(EDI\)](#)[Vendor Inquiry
System \(VIS\)](#)[VA Fee Pay
\(SmartPay\)](#)[General Forms](#)[Return to Health
Administration
Center \(HAC\)](#)

HEALTH ADMINISTRATION CENTER



Department of Veterans Affairs
Fee Support Office

Fee



Fee Program (Purchased Care for Veterans)

This website is designed to give the reader a general overview of the Fee Program. Veterans seeking health care at VA expense should obtain their care at a VA health care facility. Community care or the use of the Fee Program is generally authorized when appropriate VA services are not available or cannot be economically provided to eligible veterans. The use of community care is not considered a permanent solution for veteran health care needs. The Fee Program is not an entitlement program. The Fee Program is a method of health care delivery for those eligible veterans.

There may be times when VA cannot provide all of the necessary medical care and services. VA may authorize medical care in the community for those veterans who meet the eligibility requirements. The basic provisions of the Fee Program are provided in public laws passed by Congress. These laws have been codified into the United States Code and further clarified in the Code of Federal Regulations. Various VA Policies and Directives have been written to provide additional interpretation.

Individual eligibility determinations are difficult, and therefore outside the scope of this general information. Please contact your local VA health care facility for individual veteran eligibility questions or concerns.



Questions

- How does it work with Medicare?
 - A. VA is a Veteran Benefit not insurance; we are the payer of last resort
- What is the difference between Tricare and VA?
 - A. Same as previous answer; VA will be the payer if we refer the patient out
- What fee schedule are services paid under?
 - A. RBRVS, Local Fee Schedule or usual and customary
- Are we obligated to accept payment in full?
 - A. Yes, you cannot balance bill the Veteran
- Can we see any VA patient?
 - A. If we refer them to you or potentially during emergent conditions
- Can we get authorization for services or must the patient do it?
 - A. Must be coordinated through the VA and a VA provider approved
- Where do we send bills?
 - A. Fee Basis Dept, 2215 Fuller Rd, Ann Arbor MI 48105
- What if we do not get payment or denial? How long should we wait?
 - A. 90 Days
- What guidelines do you follow for payment? CMS? Your own?
 - A. Congressional Law, CFRs, VA Policy and Directives