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PO Box 42049  
Phoenix, Arizona 85080-2049

[www.TriWest.com](http://www.TriWest.com)

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**IMPORTANT PROGRAM CHANGES**  
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As the U.S. Department of Veterans Affairs (VA) begins its shift from the Patient-Centered Community Care (PC3) Program to the Community Care Network (CCN), care for Veterans will be administered under different programs and administrators over a period of time. During this time of transition, a new third party administrator authorized by VA, will begin its work in CCN Region 1 and 2. There will be overlap of responsibility for authorizing and paying claims for covered services as VA transitions care from PC3 to CCN VA Medical Center (VAMC) by VAMC across the country.

It is important for you to note that there will be times when both TriWest and the new third party administrator will be supporting VAMCs during the same period of time. It is possible that you will receive an authorization from VA, TriWest or another VA-approved third party administrator.

To help ensure you are paid properly for the services you provide our Veterans, please follow these guidelines:

**AUTHORIZATIONS & CLAIMS**

- Validate the source of any authorization you receive for Veteran care (i.e., from TriWest, VA, or other) prior to billing.
- Bill TriWest (WPS MVH) for any services authorized by TriWest during this transition period for the entire episode of care.
- Bill the new third party administrator for services authorized by that administrator. More information regarding the Region 1 and 2 CCN network can be found at <https://vacommunitycare.com> or by calling 1-888-901-7407.

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## TriWest Healthcare Alliance Provider Authorization

<b><u>PROVIDER INFORMATION</u></b> <b>Name:</b> Orange Regional Medical Center <b>Group name:</b> <b>Address:</b> 707 E Main St Middletown, NY 10940 <b>Phone Number:</b> (845) 333-1000 <b>Fax Number:</b> (845) 333-1041 <b>Preferred Fax:</b> (845) 333-1041 <b>Specialty:</b> General Acute Care Hospital <b>NPI:</b>  * To update incorrect provider information, please email <a href="mailto:providerservices@triwest.com">providerservices@triwest.com</a> .	<b><u>VETERAN INFORMATION</u></b> <b>Name:</b> Robert Lee Gillespie <b>Address:</b> 993 Route 32 Wallkill, NY 12589 <b>DOB:</b> 01/11/1947 <b>SSN:</b> XXX-XX-3896 <b>Phone:</b> (845) 542-1087  <b><u>VA INFORMATION</u></b> <b>Location:</b> MONTROSE VAMC <b>POC:</b> Non VA Care Manager <b>Address:</b> 2094 Albany Post Rd Montrose, NY 10548 <b>Phone Number:</b> (914) 737-4400	<b><u>CLAIMS INFORMATION</u></b> Electronic Submission: Via EDI using Payer ID: VAPCCC3 or visit <a href="https://vapccc.triwest.com/PCCCWeb/index.html#/provider-billing">https://vapccc.triwest.com/PCCCWeb/index.html#/provider-billing</a> to view the WPS Clearinghouse Look Up tool.  Mailing Address: WPS MVH VAPC3 PO Box 7926 Madison, WI 53707-7926  Claims Questions: 866-651-4977  <b>TriWest is primary payer for this care</b>			
<table border="0"> <tr> <td data-bbox="86 741 564 922"> <b><u>AUTH INFORMATION</u></b>  <b>Authorized Care:</b>  Radiology PET Scan  <b>Valid Dates:</b>  OCT 07, 2019 - DEC 06, 2019 </td> <td data-bbox="576 741 1043 922"> <b>Authorization Number:</b>  VA0003301618 </td> <td data-bbox="1054 741 1509 922"> <b>Initial Appointment:</b>  10/7/2019 10:00 am </td> </tr> </table>			<b><u>AUTH INFORMATION</u></b> <b>Authorized Care:</b> Radiology PET Scan <b>Valid Dates:</b> OCT 07, 2019 - DEC 06, 2019	<b>Authorization Number:</b> VA0003301618	<b>Initial Appointment:</b> 10/7/2019 10:00 am
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Care rendered pursuant to this Authorization will be governed by the terms and conditions of your current agreement with TriWest Healthcare Alliance Corp. or its Network Subcontractor (together "TriWest"). In the event that you have not executed an agreement with TriWest, your acceptance of this Authorization will be governed by Terms and Conditions Applicable to Care Provided to Eligible Veterans available at <https://www.triwest.com/provider-terms>. You must bill TriWest for any services performed under this Authorization and the Veteran shall not be billed, unless permitted in writing by TriWest. TriWest, under contract with the U.S. Department of Veterans Affairs (VA), is authorizing you to provide medically necessary care for this Veteran including the services described below:

This authorization covers the services requested in the consult documents provided by VA on the portal. Where services are specifically excluded or the referral is for recommendations only (second opinion), a Secondary Authorization Request (SAR) or Request for services (RFS) will be needed to authorize those services and treatments.

### Radiology PET Scan SEOC 1.0.4

Description: This authorization covers services associated with all medical care listed below for the referred condition.

Duration: 60 days

Frequency: Not to exceed 1 visit

Procedural Overview

1. PET CT Scan for the referred condition per consult

\* Please visit the VHA Storefront [www.va.gov/COMMUNITYCARE/providers/index.asp](http://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

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTMENT INFO
All services approved below for Radiology PET Scan SEOC		1	Visit	10/07/2019 10:00 am

Covered services include the following procedure codes: 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, A9547, A9580, A9586, A9587, A9588, A9597, A9598, G0219, G0235, G0252, G9654, Q9982, Q9983, S8085

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The above is your eligibility verification and no other verification is necessary. Updates are always available on TriWest's provider portal. This is not a guarantee of payment; Care provided should be medically necessary and TriWest, in its sole discretion, may deny reimbursement for any services not expressly authorized, or otherwise improper. TriWest follows Medicare Coding and Reimbursement Guidelines where applicable.

**Thank you for caring for our nation's Veterans!**

This fax is intended for the use of the person or office to which it is addressed and may contain information that is privileged, confidential or protected by the law. All others are hereby notified that the receipt of this fax does not waive any applicable privilege or exemption for disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please notify this office immediately at the phone number listed above. Thank you.

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## TriWest Healthcare Alliance Communication

Authorization Number: VA0003301618

### Claims

TriWest's Payer Space on Availity is your one stop shop for information on filing claims and navigating VA Community Care Programs. You can also link to and register for TriWest's secure portal to view your claims status and view or print authorization and VA referral information. VA Community Care programs have a 120-day timely filing requirement. Providers must submit initial claims within this timeframe or they will be denied.

\*Paying you for your services is of the utmost importance to us so claims should be submitted within 30 days of delivering the care to the Veteran.

### No Shows, Missed and Canceled Appointments

If a Veteran calls your office directly to schedule, is a no show, or changes an appointment, you must notify the VA or TriWest as it may affect the authorization and TriWest's ability to process your claims quickly. Providers cannot bill the Veteran or the U.S. Department of Veterans Affairs (VA) for no shows, missed, or canceled appointments.

### Critical Findings and Safety Events

VA requires critical medical information to be reported directly to the referring VA Medical Center (VAMC) within 24 hours for a newly identified suicide risk or critical test results. A new cancer diagnosis needs to be reported to the VAMC POC point of contact (POC) within 48 hours. The VAMC POC's number appears on the VA referral document included with your authorization letter. Critical Findings and Patient Safety Events should be reported by calling the VA contact number on the attached VA referral document. Please also complete these forms to support our clinical quality process.

- Critical Findings: Test result or interpretation that, if left untreated, could be life threatening or place the Veteran at an immediate serious health risk. (<http://www.triwest.com/criticalfindings>)
- Patient Safety Events: Situations that put a Veteran's health or safety at risk (i.e., falls, assaults, medication errors, etc.). Notifications are held in strict confidence. (<https://www.triwest.com/en/vape3-veteran/Forms/Health-Care-Quality-Concern-Form.pdf>).

### Secondary Authorization Request (SAR)/Request for services (RFS)

In general send a SAR/RFS to TriWest (TW) when TW appointed the care (1-866-259-0311) or to the VAMC direct (VA fax number in the attached VA documents) if VA appointed the care. SAR/RFS are only required for:

- Procedures not included in the existing authorization. A full list of included codes are available at [www.TriWest.com](http://www.TriWest.com) by clicking Provider and then Resources.
- Additional visits or longer duration of the episode of care
- Care for a different condition than was referred in the VA clinical documents

### Medical Documentation Submission – CHANGE IN PROCESS NOTICE –

Effective May 1, 2019, all medical documentation must be sent to the issuing VAMC indicated in the above authorization, using this letter as a cover sheet. Starting July 1, 2019, routine medical documentation received is no longer processed by TriWest Healthcare Alliance. Please continue to submit medical documentation along with your SAR/RFS and when submitting claims for unlisted codes. TriWest Healthcare Alliance may also request medical documentation to assist with coordinating Veteran care or for clinical quality review.

Remember to include lab, imaging and/or pathology reports, initial and final outpatient evaluation, and inpatient discharge summary. Medical documentation MUST be signed/e-signed by the provider, and MUST have a second identifier with the patient's name (e.g., DOB, last 4 of SSN, or VA authorization number). It is recommended to use this letter as a coversheet when submitting medical documentation to the issuing VAMC.

Note: Medical documentation and claims must always be submitted separately. Do not send medical documents with your claims.

<UserId=UM@triwest.com>  
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