

Medical Documentation Requirements

Quick Reference Guide

Key Points:

- Medical documentation is required for services provided to a Veteran under the Department of Veterans Affairs (VA) Community Care programs.
- Medical documentation should be submitted to the authorizing VA Medical Center (VAMC) as soon as possible, but no later than 30 days from the date of initial outpatient service, completion of outpatient episode of care, or inpatient discharge. Specific categories may require faster timelines.
- Providers may look up VAMC contact information at: www.triwest.com/vamc-contacts.
- **NEVER** submit medical documentation with claims!

General Medical Documentation Content Requirements:

- Providers must submit all required records to the Veteran's authorizing VAMC.
- Community Care programs in general require medical documentation from the initial appointment and end-of-episode-of-care. However, some specialties may have additional requirements.
- If additional care is needed, providers should submit a Request for Services (RFS) to the VAMC or to TriWest, depending on which entity appointed.
 - If the Veteran's authorizing VAMC scheduled the care, then the RFS should be submitted directly to the authorizing VAMC.
 - If TriWest scheduled the care, submit the RFS to TriWest. Please review the [RFS Quick Reference Guide](#) for more information.
- To be compliant, any faxed records must have the Veteran's unique identifiers on each page. Unique identifiers should include, at a minimum, the Veteran's name and one of the following:
 - Authorization number
 - Last four digits of Social Security number
 - Date of birth
- Providers must sign and date all submitted records/reports. Signatures will be requested for non-compliant documentation.
- VA may contact you for any missing documentation/health records. Medical documentation submission is a program requirement.

Specific Medical Documentation Submission Timelines and Deadlines:

Service	VA Submission Maximum Timeframe Requirements
Inpatient <i>(includes surgery)</i>	<ul style="list-style-type: none"> • <u>30 calendar days</u> after discharge • Discharge summary related to the episode of care • Provider will coordinate with TriWest or VA (depending upon region) to arrange necessary supplies, home health services and equipment. • For <u>surgery</u>, also complete and submit the VA Purchased Surgical Care Patient Outcome Form • If additional care is required, please submit a request for additional care to TriWest or the VAMC as appropriate.
Inpatient Rehabilitation	<ul style="list-style-type: none"> • Within 30 calendar days after discharge • Include functional status and status change from onset of treatment through discharge • Use the CMS Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) • The IRF-PAI example can be found at: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf
Outpatient Specialty Services <i>(includes surgery)</i>	<ul style="list-style-type: none"> • <u>30 calendar days</u> after the initial appointment • If additional appointments occur, submit a summary of the episode of care to the authorizing VAMC within 30 days upon completion of the episode of care • For <u>surgery</u>, also complete and submit the VA Purchased Surgical Care Patient Outcome Form • If additional visits or procedures are required, please submit a Secondary Authorization (SAR) to TriWest or Request for Services (RFS) to the VAMC as appropriate.
Critical Findings Category	<ul style="list-style-type: none"> • Definition: a test result or interpretation that, if left untreated, could be life threatening or place the Veteran at serious health risk; includes results from laboratory, cardiology, radiology and other diagnostic areas are determined to be “critical,” regardless of ordering priority • <u>Within 24 hours</u> of identification, reach point of contact at authorizing VAMC by phone • Indicate the VAMC staff name (point of contact) and date/time of contact in your discharge summary or medical documentation • After notifying VA, submit medical documentation to the authorizing VAMC as soon as possible, but no later than 30 days. Providers must comply with any VA request for earlier upload in order to expedite care.
Suicide Risk *Critical Finding	<ul style="list-style-type: none"> • <u>Within 24 hours</u> by phone to authorizing VAMC point of contact • A newly identified suicide risk in a Veteran <i>not referred</i> for inpatient mental health should be considered a Critical Finding

Service	VA Submission Maximum Timeframe Requirements
New Cancer Diagnosis <i>*Critical Finding</i>	<ul style="list-style-type: none"> • <u>Within 48 hours</u> by phone to authorizing VAMC point of contact • A new diagnosis of cancer should be considered a Critical Finding
Urgent Follow-Up/Additional Care	<ul style="list-style-type: none"> • <u>Within 24 hours</u> by phone to authorizing VAMC point of contact • If provider determines urgent follow-up is needed after completion of care, OR urgent additional care needed during episode of care.
Pathology	<ul style="list-style-type: none"> • <u>Within 5 business days</u> of request for slides • These are made available to VA for review/assessment
Gastroenterology Procedures	<ul style="list-style-type: none"> • Additional documentation for Gastroenterology procedures is required from the provider • Please review the Gastroenterology Quick Reference Guide for details
Medical/Radiation Oncology Services	<ul style="list-style-type: none"> • Additional documentation for Medical/Radiation Oncology services is required. • Please review the Radiation Oncology Quick Reference Guide for details
Skilled Home Health Care	<ul style="list-style-type: none"> • <u>Within 3 business days</u> of start of care: submit initial assessment (OASIS) • <u>Within 5 business days</u> of completion of episode of care: submit final discharge summary to your VAMC • Please review the Home Health Care Quick Reference Guide for additional details
Inpatient Rehabilitation	<ul style="list-style-type: none"> • Within 30 calendar days after discharge • Include functional status and status change from onset of treatment through discharge • Use the CMS Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) • The IRF-PAI example can be found at: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10036.pdf
Inpatient Mental Health	<ul style="list-style-type: none"> • Within 30 calendar days after discharge • Suicide risk is a clinical issue, so the Veteran shall always be provided a written copy of their personal Suicide Prevention Safety Plan • Please reference VA's planning manual: http://www.mentalhealth.va.gov/docs/VA_Safety_planning_manual.pdf • The plan must include the Veterans Crisis Line telephone number, 1-800-273-8255

Service	VA Submission Maximum Timeframe Requirements
Outpatient Mental and Behavioral Health	<ul style="list-style-type: none"> • Behavioral Health Forms to speed submission are available online from TriWest. If requested to submit using these forms, please download them from TriWest's Payer Space within Availity or from the TriWest Provider Portal (www.triwest.com/provider) • As soon as possible, but <i>no less than 30 days from the session</i>, an Initial Assessment and a Completion of Episode of Care (EoC) should be submitted <ul style="list-style-type: none"> ○ If an extension or addition to authorized care/therapy is required, submit a Behavioral Health RFS as soon as possible ○ With additional authorized care, VA may require ongoing Progress Summaries • Providers <i>are not being requested to</i> submit psychotherapy process notes that are not an official part of the record. Providers <i>should</i> submit Clinical Progress notes. These are considered part of the Veterans medical record. • For additional documentation requirements, please read the Mental Health Quick Reference Guide (QRG)
Home Health and Home Infusion Therapy (HIT)	<ul style="list-style-type: none"> • An initial plan of care (CMS 485) should be submitted within three business days • An end EoC record should be submitted within five business days • Infusion therapy requires nursing notes and delivery tickets that support all services and medications billed • Please refer to the Home Health Quick Reference Guide for additional information

What should you include in your medical records for VA?

Minimum requirements for content of medical documentation or records, **as applicable to the care**, may include:

- An executive summary of the encounter to include any procedures performed and recommendations for further testing or follow-up (i.e. discharge summary for inpatient);
- Results of community testing or imaging such as MRI, CT scan;
- Actual results of any ancillary studies/procedures which would impact recommended follow-up such as biopsy results (i.e. positive biopsy results from GI provider who recommends a follow up such as surgery); and
- Any recommended prescriptions, durable medical equipment (DME) and treatment plans.

Submission of clinical records and documentation allow VA to ensure Veterans are receiving care that is both clinically sound and cost effective. If records are not submitted, VA will contact you to ensure that these records are submitted.