

Choice First Episode of Care Expansion of 60-day Authorization – Not to Exceed One Year

BACKGROUND

- Section 4005(a) of Public Law 114-41 amended section 101(h) of the Choice Act on 1/19/16 by removing the 60-day limitation on an “episode of care. The definition of episode of care in § 17.1505 is therefore revised by removing the phrase “which lasts no longer than 60 days from the date of the first appointment with a non-VA health care provider.”
- The 60-day limitation has been replaced with a one-year limitation, consistent with VA’s authority in section 101(c)(1)(B)(i) of the Choice Act to establish a timeframe for authorization of care.
- The new rule revises the definition of "episode of care" by elongating the 60-day limitation period to "up to 1-year", and removing the phrase "which lasts no longer than 60 days from the date of the first appointment with a non-VA health care provider."

DEFINITION OF EPISODE OF CARE

- This change creates a broader standard in terms of the possible duration of an episode of care, but the definition of episode of care in § 17.1505 is still a “*necessary course of treatment, including follow-up appointments and ancillary and specialty services*” for identified health care needs. *Public Law 114-41, Section 4005(a)*
- VA retains clinical judgment in this revised definition to determine whether ancillary and specialty care of any duration up to one year (365 days) is actually needed in the course of a Veteran’s treatment.
- The November interim final rule states that while some episodes of care require only a single visit, others may require multiple visits, but in all cases VA will authorize only the care that it deemed necessary as part of a course of treatment. If a community care provider believes that a Veteran needs additional care outside the scope of the authorized course of treatment, the provider must contact the contractor. The contractor must contact VA and submit a Secondary Authorization Request (SAR) to VA for clinical review prior to administering such care to ensure that this care is authorized and therefore will be paid for by VA. Whether additional care constitutes new episode of care will continue to be a clinical determination made by VA on a case-by-case basis.
- Despite this new policy, many processes remain the same, as follows:
 - The authorization process and claims processing procedures will not be impacted by the legislative change and will continue as currently designed for Choice referrals and authorizations resulting from cross over period.
 - NVCC staff will still be required to enter a new VAF 1 0-0386 form in Computerized Patient Record System (CPRS) for each extension of a referral and upload associated documentation.