Standardized Episodes of Care (SEOC)

Quick Reference Guide – Regions 3, 5 and 6

Key Points:

➜ Standardized Episodes of Care (SEOC) are a more comprehensive model of ordering health care (similar to bundled care) driven by the Department of Veterans Affairs (VA) to improve efficiency and consistency across all VA Medical Centers (VAMC).

➜ SEOCs were developed to decrease providers' administrative burden and improve continuity of care for Veterans.

➜ With SEOCs, providers won't need to submit as many secondary authorization requests (SAR) or Request for Services (RFS) and will have more freedom to provide clinically appropriate services.
  - o Providers may determine if they need a SAR by going to the TriWest SAR Decision tool at www.triwest.com/provider-SAR.

➜ Each specialty has its own SEOC template authorizing a standardized minimum amount of medically necessary care. VAMCs may add to the template's minimum, but may never take away from it.

➜ Some SEOCs may authorize more care than a provider needs to meet Veteran healthcare requirements. In such cases, a provider should only provide and bill what is needed/used.

➜ TriWest has been converting its authorizations to SEOC formats by specialty type; however, not all authorizations have been converted yet. The rollout is happening in phases.

Do You Have an SEOC Authorization?

Not all authorizations have converted to an SEOC format yet. Below is an example of an SEOC authorization versus a non-SEOC authorization. If you determine you have a **non-SEOC** authorization, please review our regular "Authorization Letter Quick Reference Guide."

View a map of PC3 and VCP Regions

SEOC "Face Sheet" Information

At the top of your SEOC, you will find the "Face Sheet" portion, which includes:

➜ The provider's information including name, specialty, and national provider identifier (NPI)
➜ The Veteran's name, date of birth and last four digits of the social security number (SSN)
➜ The authorization information including:
   ○ Authorization number
   ○ The approved date range that covers the SEOC, listed under the "valid dates" section.
➜ VAMC that is managing the care for the Veteran.

PROVIDER INFORMATION	VETERAN INFORMATION	CLAIMS INFORMATION
Name: ▓▓▓▓	**Name:** ▓▓▓	Electronic Submission:
Address: ▓▓▓▓	**Address:** ▓▓▓▓	Via Electronic Data interchange (EDI) to
Phoenix, AZ ▓▓		WPS VAPC3 to expedite payment.
Phone Number: ▓▓▓	**DOB:** ▓▓	
Fax Number: ▓▓▓	**SSN:** ▓▓	Mailing Address:
Specialty: Internal Medicine- Pulmonary	**Phone:** ▓▓▓	WPS VAPC3
Disease		PO Box 7926
NPI: ▓▓▓		Madison, WI 53707-7926
VA INFORMATION	AUTH INFORMATION	
Location: PHOENIX VAMC	**Authorized Care:**	**TriWest is primary payer for this care**
POC: Non VA Care Manager	▓▓▓	
Address: ▓▓▓	**Authorization Number:**	**Initial Appointment:**
Phoenix, AZ ▓▓	▓▓▓	7/20/2017
	Valid Dates:	
	Jul 20, 2017 - Mar 17, 2018	

SEOC "Narrative"

The "Narrative" of the SEOC describes HOW you can administer the service codes that have been approved. The Narrative will frequently include information such as whether you're pre-authorized to refer to another type of provider, or if you may send the Veteran for a certain type of follow-up care. The Narrative will also clarify how many office visits have been authorized under the "Duration" section. Read the narrative carefully!

Neurosurgery SEOC 1.0.1
Description: This authorization covers services associated with all medical care listed below when clinically necessary.
Duration: 180 days, All medically necessary visits for services indicated below are covered.
Overview:
- Initial outpatient evaluation and treatment for the referred condition
- Diagnostic images/laboratories/studies relevant to the referred condition
- Procedures and pathology services relevant to the referred condition if clinically indicated
  ○ Endovascular therapy for intracranial pathology before, after, during or in place of a surgical procedure.
- NeuroPsychologist consultation and office visits
- DBS programming for Neurology patients after DBS implementation
- Physical therapy or occupational therapy prior to surgical intervention as clinically indicated, not to exceed 14 visits (one evaluation, 12 follow-up visits and one re-evaluation)
- Anesthesia consultation related to the procedure
- Pre-operative medical and cardiac clearance as indicated, to include H+P/labs, EKG, CXR
- Inpatient admission for surgical procedure if indicated
- Inpatient admission or observation status for complications related to the procedure
- Four post-operative follow-up visits for this episode of care beyond the global period.
  ○ Follow-up images/studies/laboratories as indicated (not to exceed four (4) visits for MRI, CT and X-ray.
- Post-op physical therapy, occupational therapy and/or speech therapy after surgery as clinically indicated, not to exceed 14 visits for each type of therapy (one evaluation, 12 follow-up visits and one re-evaluation)

SEOC "Code Range"

The "Code Range" section of the SEOC clarifies WHAT services are covered (whereas the Narrative clarifies HOW you may administer the approved services). The Code Range lists the ranges of all CPT codes authorized. When determining what's covered under an SEOC, you need to read the Narrative, the Code Range, and the clinical consult to find the referred condition; they work together.

> Covered services include the following procedure codes: 29240-29550, 33214, 33222-33231, 33241, 33249, 33262-33264, 33270-33273, 51798, 62160-62165, 62225-62258, 62270-62273, 63650-63663, 64550-64565, 64600-64620, 64642-64680, 70450-70492, 70540-70543, 70551-70553, 70557-70559, 71250-71270, 71275-71555, 72125-72133, 72141-72158, 72192-72198, 73200-73202, 73218-73225, 73700-73706, 73718-73725, 74150-74178, 74181-74185, 75557-75574, 76376, 76536, 76700-76776, 76801-76817, 76820, 76830-76882, 76937, 76941-76948, 77058-77059, 78452, 90791, 92920-92973, 93000-93018, 93040-93042, 93224-93229, 93279-93464, 93320-93325, 93600-93662, 93880-93998, 95812-95822, 95831-95833, 95851-95913, 95970-95979, 96150, 96116-96118, 96120-96125, 97010-97036, 97110-97124, 97140-97164, 97165-97542, 97166-97535, 97750-97761, 98925-98929, A9500-A9505, G0152, G0283, G0365, G0463, J0153, J0585, J1245-J1250, J0585, J1245-J1250, J2785, S9129

When Do You Need a Secondary Authorization Request (SAR) or a Request for Services (RFS)?

Did you know that half of all the authorization requests TriWest receives are unnecessary? SEOCs cut back on the need for additional requests by predictably and consistently including a set grouping of care that can be provided. However, you may sometimes come across a situation where you still have to submit a SAR/RFS. Before sending any requests to TriWest, always visit the following site first, to determine if the SAR is necessary: www.triwest.com/provider-SAR.

You may need a SAR for an SEOC if you are:
- **Referring** to another provider who has a different TIN.
- **Requesting** care for a condition other than what was referred on the SEOC.
- **Extending** the valid date range on your SEOC or adding more office visits beyond what was authorized.
- **Adding** a CPT code not included in your SEOC's Code Range.

Remember...
- **All routine lab testing and/or X-ray services, when medically necessary, are included in all authorizations,** whether conducted in the provider's office or by a third-party. If referring to a third-party for labs or other diagnostics, be sure to send the laboratory provider a copy of the authorization and instruct its staff to bill TriWest.
- TriWest appoints based on NPI, however all claims, portal access and contracting is based on the tax identification number (TIN).
- Visit TriWest's Payer Space on Availity for more quick reference guides and the TriWest Provider Handbook: www.availity.com.

For a listing of service codes associated with a specific SEOC, please review our Provider Authorization Codes list – which shows the code list for each SEOC Profile.