



Veteran Community Care

Urgent Care

Overview

As part of implementing the VA MISSION Act, VA offers an urgent care benefit that provides eligible Veterans with greater choice and access to timely, high-quality care.

With urgent care, Veterans have the option for care for the treatment of minor injuries and illnesses, such as colds, sore throats, and minor skin infections. The benefit is offered in addition to the opportunity to receive care from a VA provider, as VA also offers same-day services.

Eligible Veterans can receive urgent care from a provider who is part of VA's contracted network of community providers without prior authorization from VA. VA can pay for an urgent care claim only if:

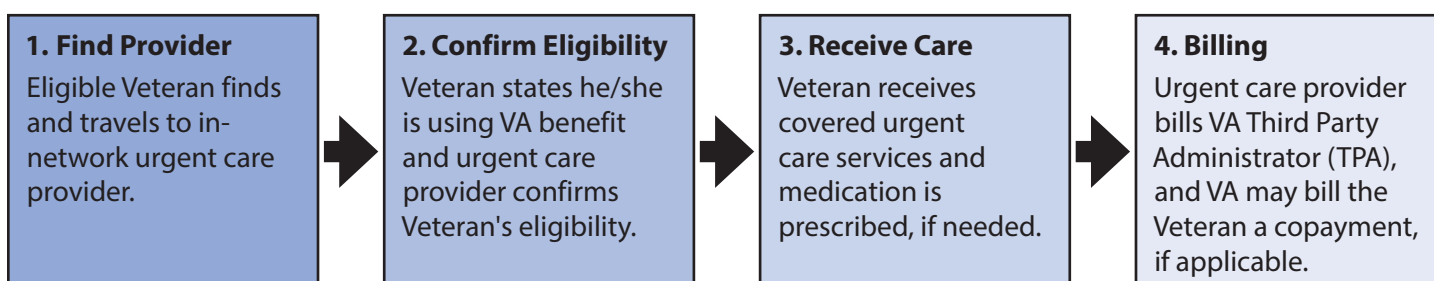
- The Veteran is eligible for the benefit;
- The urgent care provider is part of VA's contracted network of community providers; and,
- The services are not excluded under the benefit (excluded services include preventive and dental care).

Eligibility

Veterans are eligible for the urgent care benefit if they are enrolled in VA health care and have received care through VA (from either a VA or community provider) within 24 months prior to receiving this care.

To check their eligibility, Veterans should call 800-MyVA411 (800-698-2411) and select option 1 and then option 3. Veterans may also verify their eligibility by contacting their local VA medical facility.

Process Overview



Finding an Urgent Care Provider

To find an available urgent care provider in VA's contracted network, Veterans can visit <https://www.va.gov/find-locations/>, or contact their local VA medical facility. VA staff can inform the Veteran of available in-network locations and help to find the closest locations.

Important: VA can only pay for urgent care if the Veteran is eligible, the services are not excluded under the benefit, and the provider is part of VA's contracted network of community providers and is identified as an urgent care provider. **If an eligible Veteran goes to an out-of-network urgent care provider, they may be required to pay the full cost of care.** By law, VA cannot pay claims for urgent care rendered to a Veteran from providers who are not part of VA's network.

Getting Urgent Care

When arriving at an in-network urgent care provider, eligible Veterans must:

- Verify the urgent care provider is part of VA's contracted network of community providers. The urgent care provider may have a sign posted that indicates they are part of VA's contracted network of community providers.
- Inform the provider the Veteran would like to use their VA urgent care benefit to receive care.

Note: The urgent care provider will confirm the Veteran's eligibility prior to providing care.



If the provider is not part of VA’s network, eligible Veterans have several options:

- Agree to potentially pay the full cost of care and receive care immediately.
- Go to a different urgent care provider that is part of VA’s contracted network of community providers.
- Go to the nearest VA medical facility.
- Go to the nearest emergency department if Veteran reasonably believes that delay in seeking immediate medical attention would be hazardous to his/her life or health.

Covered Services

The urgent care benefit covers treatment of urgent symptoms. Excluded from the benefit are preventive and dental services. If an eligible Veteran goes to an urgent care provider and receives services that are not covered by this benefit, he/she may be required to pay full cost of care.

For medical emergencies, Veterans should immediately seek care at the nearest emergency department.

If you believe your life or health is in danger, call 911 or go to the nearest emergency department right away.

Important: VA can only pay for care an eligible Veteran receives from a community emergency department in certain circumstances and under specific conditions. Visit the following link for more information: https://www.va.gov/COMMUNITYCARE/programs/veterans/Emergency_Care.asp

The urgent care benefit also covers diagnostic services like X-rays, some lab testing, and some medications (with limitations). However, not all facilities in VA’s network will be able to offer these services. Therapeutic vaccines are covered when these are required for the treatment of certain conditions covered under the urgent care benefit. For example, an eligible Veteran seeking treatment for a wound caused by rusted metal requires treatment for the wound and may require a tetanus vaccine as part of the course of treatment.

Differences Between Urgent Care and Emergency Care	
Urgent Care	Emergency Care
Urgent care consists of medical services provided for minor illnesses or injuries that are not life-threatening such as strep throat, pink eye, or influenza.	Emergency care consists of hospital care or medical services that a prudent layperson reasonably believes are necessary without delay to avoid hazards to life or health. Examples of conditions or symptoms that justify emergency care include severe chest pain, seizures or loss of awareness, severe headache, heavy uncontrollable bleeding, poisoning, moderate to severe burns, and large broken bones.

Copayments

Priority Group(s)	Copayment Amount
1-5	<ul style="list-style-type: none"> • First three visits (per calendar year): \$0 • Fourth and greater visits (per calendar year): \$30
6	<ul style="list-style-type: none"> • If related to a condition covered by a special authority*: <ul style="list-style-type: none"> — First three visits (per calendar year): \$0 — Fourth and greater visits (per calendar year): \$30 • If not related to a condition covered by a special authority*: <ul style="list-style-type: none"> — \$30 per visit
7-8	<ul style="list-style-type: none"> • \$30 per visit
1-8	<ul style="list-style-type: none"> • \$0 copay for visit consisting of only a flu shot



***Special authorities include those related to combat service and exposures (e.g. Agent Orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/ Project 112), Southwest Asia Conditions) as well as Military Sexual Trauma, and presumptions applicable to certain Veterans with psychosis and other mental illnesses.**

Eligible Veterans may be charged a VA copayment for urgent care that is different from other VA medical copayments. VA copayments for urgent care depend on the eligible Veteran's assigned priority group and the number of times he/she visits an in-network urgent care provider in a calendar year.

In addition, please note the following about urgent care copayments and visits:

- There is no limit on the number of times an eligible Veteran can access urgent care.
- Copayments are not paid out-of-pocket at the time the eligible Veteran receives care at the urgent care provider. Eligible Veterans are billed separately by VA. For questions related to urgent care copayment bills, Veterans can contact the VA Health Resource Center (HRC) at 1-877-222-VETS (8387). Veterans may also contact their local VA medical facility for more information about urgent care copayments.

Prescription Medication

VA will pay for or fill prescriptions for urgent care. Opiates will be limited to seven days or less, consistent with the pharmacy location's state law.

For urgent prescriptions written by an urgent care provider, Veterans can fill a 14-day supply of medication at a contracted pharmacy within the VA network, at a VA pharmacy, or at a non-contracted pharmacy. If a non-contracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with the local VA medical facility. For urgent care prescription medication greater than a 14-day supply, the prescription must be submitted to VA to be filled.

Some Veterans may be required to make a copayment for medication. Information about copayments can be found at https://www.va.gov/COMMUNITYCARE/revenue_ops/copays.asp.

Support

For questions and support, Veterans should contact their local VA medical facility. To find the nearest VA medical facility or a contracted urgent care provider, use VA's facility locator at <https://www.va.gov/find-locations/>.

Frequently Asked Questions

Q1. What specific services are covered by the urgent care benefit?

Individual health conditions are complex and unique to each Veteran. As a result, and to encourage eligible Veterans to seek care when and where they need it, VA does not publish a specific list of covered services for urgent care. VA does exclude from the urgent care benefit preventive, dental, and other services not included in the medical benefits package.

Q2. Does VA reimburse beneficiary travel for urgent care?

VA can reimburse beneficiary travel for eligible Veterans who travel to receive community care. Payment is made for the distance to either the nearest VA or community medical facility that could have provided the care or services. Payment will only be made on a one-way basis (i.e. not round-trip) for unscheduled care.

Q3. Are urgent care services provided at an emergency department covered by VA?

If the emergency department is part of VA's contracted network and has agreed to furnish urgent care services in accordance with the contract requirements, VA can pay for these services for eligible Veterans under this benefit.

Q4. How do Veterans get more information about the urgent care benefit?

Veterans can call their local VA medical facility for more information. A VA staff member can advise the Veteran on available urgent care providers and may be able to advise them on whether they will be charged a copayment for the care.

Q5. Can the urgent care benefit be used by a Veteran's family member?

Only eligible Veterans can use this benefit. The benefit does not extend to family members and is nontransferable.

Q6. How are VA copayments handled?

Eligible Veterans are not charged a VA copayment at the time of their visit. VA copayments, if applicable for the eligible Veteran, are billed by VA separately.