# PART C, CHAPTER 5.2.a: MEDICAL SERVICES

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| **Policy Number** | **Authority** | **Scope** | **Effective Date** |
| Part C, Chapter 5.2.a | 34 CFR [§361.5(c)(39)](https://www.ecfr.gov/current/title-34/part-361#p-361.5(c)(39)), [§361.48(b)(5)](https://www.ecfr.gov/current/title-34/part-361#p-361.48(b)(5)), TWC Rule [§856.43](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=20&ch=856&rl=43), and [§856.44](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=20&ch=856&rl=44) | All TWC-VR staff | 9/3/2024 |

## PURPOSE

In accordance with the authority (Federal and State) listed above, this policy is issued by the Texas Workforce Commission Vocational Rehabilitation Division (TWC-VR). Adherence to these rules and regulations issued under the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA), supports Texans with disabilities in gaining, maintaining, and advancing in competitive integrated employment (CIE).

Specifically, the purpose of this policy and these procedures is to ensure adherence to the provision of medical services for TWC-VR customers.

## DEFINITIONS

Best Value Purchasing: Purchasing the least expensive services that meet the customer's vocational needs. Also known as the acquisition cost. Determining the acquisition cost ensures staff consider all factors that influence the total cost and value to both the customer and TWC-VR.

Informed Choice: The means by which a customer chooses their rehabilitation path, from options based on their needs and circumstances and the VR program's rules, as it relates to choosing medical services and the providers of those services.

## POLICY

### General Overview

Medical Services are provided to eligible TWC-VR customers who have physical impairments that cause limitations in regard to employment.

Medical Services are provided only when—

* Comparable services and benefits are not available;
* Required to improve or stabilize the effects of the physical impairment; and
* Necessary to achieve an employment outcome.
* Individuals whose physical disorders—
  + Are stable or slowly progressive; and
  + Can be corrected or stabilized within a reasonable time.

### Additional Policy Considerations

* Comparable Services and Benefits: TWC-VR must not expend funds on medical services unless the VR Counselor and the customer have made maximum efforts to secure comparable services and benefits from other sources to pay for services.
* Customer Participation in the Cost of Services: A customer's eligibility for TWC-VR services does not depend on the customer's income or liquid assets; however, if the customer's net income or liquid assets exceed the Basic Living Requirements (BLR), the customer must participate in the cost of services unless an exception is granted.
* Recipients of Social Security Disability Benefits: Recipients of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), due to the customer’s disability, are exempt from the requirement to participate in the cost of TWC-VR services regardless of income.
* Exceptions to Policy: When necessary to meet the VR needs of a customer, TWC-VR staff members may request exceptions to policies and procedures through their chain of management up to the Deputy Division Director of Field Services Delivery, or designee. However, exceptions to policies and procedures based on Federal and State laws, statutes, and rules or regulations are not allowable.

## PROCEDURES

### Restrictions

When approval for any procedure, service, food, or device is required, the consultation and approval must be completed and documented in ReHabWorks (RHW) before including the services on the customer's Individualized Plan for Employment (IPE) or IPE amendment.

The following medical services are not allowable, with no exceptions:

* Ongoing general medical care for health maintenance;
* Emerging technology and temporary, experimental, or investigational medical services (terminology codes, also called T-codes);
* Maternity care; and
* Medical or surgical treatment associated with—
  + Active tuberculosis;
  + Sexually transmitted diseases;
  + Cancer;
  + Organ transplantation (except for the treatment of individuals with end-stage renal disease, subject to management consultation and approval, as set out below);
    - A corneal transplant, also known as keratoplasty, is a surgical procedure in which a damaged or diseased cornea is replaced by donated corneal tissue. Corneal tissue is not considered an organ; therefore, corneal transplants are not considered organ transplants and are not restricted; or
  + Human immunodeficiency virus infection (HIV) or acquired immunodeficiency syndrome (AIDS).

### Medical Services Consultations

Medical consultants provide support to TWC-VR staff throughout the VR process.

* State Medical Director: The following require consultation with the Medical Director:
  + Medical services with payments exceeding the Maximum Affordable Payment Schedule (MAPS);
  + Medical services or devices with unlisted MAPS codes;
  + Payment for co-surgeons;
  + Actions contrary to the Local Medical Consultant's (LMC) advice; and
  + Services, procedures, and programs with special requirements.
* TWC-VR staff must consult with the Medical Director. The VR Manager must be copied on email with the consultation packet. The Medical Director will provide a recommendation to the VR Counselor.
* State Ophthalmological Consultants: The State Ophthalmological Consultant is an ophthalmologist. TWC-VR staff must direct ophthalmological and surgical questions to their attention. When a consultation is required, the State Ophthalmological Consultant will provide a recommendation to the VR Counselor.
* State Optometric Consultants:State Optometric Consultants are optometrists and clinical low-vision specialists. Low-vision, vision therapy, and related optometric questions are directed to their attention. When a consultation is required, The State Optometric Consultant will provide a recommendation to the VR Counselor.
* State Physical Medicine and Rehabilitation Consultant: The State Physical Medicine and Rehabilitation (PM&R) Consultant reviews cases and provides guidance on the physical status and prognosis of customers with brain injuries and customers in the Employment Supports for Brain Injury (ESBI) program to help VR Counselors determine a customer’s ability to return to work and participate in the VR process. When a consultation is required, the State PM&R Consultant will provide a recommendation to the VR Counselor.
* State Neuropsychological Consultant:The State Neuropsychological Consultant reviews cases and provides guidance on the mental status and prognosis of customers with brain injuries and customers in the ESBI program to help VR Counselors determine a customer’s ability to return to work and participate in the VR process. When a consultation is required, the State Neuropsychological Consultant will provide a recommendation to the VR Counselor.
* Regional Dental Consultant:A Regional Dental Consultant (RDC) consultation is required for all dental services. The RDC will provide a recommendation to the VR Counselor. Any decision contrary to the RDC’s recommendation requires approval from the Deputy Division Director of Field Services Delivery.
* Local Medical Consultant: The following require consultations with a Local Medical Consultant (LMC):
  + Surgical services, with the exception of eye surgeries; and
  + Procedures requiring local and general anesthesia.

Some services, procedures, and programs with special requirements require LMC consultations. When a consultation is required, the LMC will provide a recommendation to the VR Counselor. Any decision contrary to the LMC’s recommendation requires consultation with the Medical Director. The VR Manager must be copied on email with the consultation packet. The Medical Director will provide a recommendation to the VR Counselor.

### Medical Services Procedures

When medical services are being considered, the following procedures must be followed:

* The VR Counselor must document how the customer's substantial barriers to employment will be addressed by the proposed medical services to allow the customer to return to, obtain, maintain, or advance in competitive integrated employment (CIE).
* The VR Counselor or the designee must submit all required documentation for required consultations, and approvals to the appropriate source.
* All required consultations and approvals must be documented in RHW.
* If a consultation was completed by one of the medical consultants, the VR Counselor must review the consultant’s recommendations. If in agreement, the VR Counselor proceeds with providing the recommended medical services. If the VR Counselor does not agree with the consultant’s recommendations and wants to proceed with a decision contrary to the medical consultant’s recommendation, the VR Counselor must seek approval.
* After confirming documentation of all required consultations, and approvals, medical services must be included in the customer's IPE or IPE amendment.
* The VR Counselor must provide counseling and guidance to ensure that the customer understands the recommended treatment and their responsibilities throughout the physical restoration process.

If TWC-VR staff obtain additional information or records that may influence a recommendation after the case has been sent to or reviewed by the Medical Director or State Consultant, the TWC-VR staff should provide the additional information to the appropriate email box.

The VR Counselor uses the following procedures when authorizing medical services:

* Reviews the customer's medical records related to the reported disability;
* Obtains a written recommendation for planned medical services; and
* Obtains the current procedural terminology codes from the surgeon or physician for the recommended procedures.

### Surgery Procedures

Before developing the IPE, if the recommendations include TWC-VR-purchased surgeries (excluding eye treatments or surgery), TWC-VR staff must—

* Obtain the completed *Surgery and Treatment Recommendations (VR3110)*;
* Direct the LMC to review *VR3110*;
* Direct the LMC complete the *Consultant Review (VR3101)* before creating the IPE for medical services;
* Document the outcome of the LMC recommendation in a case note; and
* Consult with the TWC-VR Program Specialist for Physical Restoration for medical services that—
  + Are not listed in MAPS;
  + Use codes listed as $0; or
  + Use codes ending in "99" or the letter "T".

If the provider requests authorization for services that exceed the MAPS rates, the VR Counselor must consult with the VR Medical Director.

Justification of a payment rate that exceeds the MAPS rate must show that the—

* + Customer is an established patient of the medical provider;
  + A limited number of medical providers exists in the geographical area where the customer resides;
  + Surgery or procedure is complicated and requires the special expertise of the medical provider; or
  + Rate is the best value to TWC-VR.

If requesting a State Ophthalmological or State Optometric Consultant consultation, the VR Counselor must—

* + Complete *Request for MAPS Consultation for Visual Services (VR2351)*, which states the name of the appropriate consultant, explains the reason for the request, and lists all the codes and dollar amounts associated with the request;
  + Include all pertinent background materials (e.g., eye exams, other medical reports, and provider comments and recommendations) as well as invoices or other documentation submitted by the provider;
  + Email information to the VR Medical Services Program Specialist for Physical Restoration to [vr.mapsinquiry\_blindservices@twc.texas.gov](mailto:vr.mapsinquiry_blindservices@twc.texas.gov); and
  + Take responsibility for—
    - Documenting the consultant's response in the customer's case records;
    - Ensuring that the service is provided in accordance with the consultant's recommendations if the VR Counselor agrees with the recommendations; and
    - Processing payment for the completed service in accordance with all programmatic and purchasing requirements.

Local TWC-VR office staff must coordinate any medical services that are provided in an in-office or facility setting that only requires local anesthesia. These types of medical services may include medical evaluation and treatment in a physician's office, including surgical consultations pre- and post-surgery and other physical restoration procedures provided in an office setting with local anesthesia, therapy services, durable medical equipment, and prosthetic or orthotic services.

Exception: The local field office staff may coordinate a laboratory or radiology diagnostic test at a hospital or facility if the diagnostic test is ordered by a physician in conjunction with a medical evaluation and the laboratory or radiology order does not allow time for the medical services coordinator (MSC) coordination of the requested diagnostic test. In that case, the local field office staff obtain guidance from the MSC before issuing the service authorization (SA).

For the purpose of TWC-VR service delivery, local anesthesia is considered a local topical anesthetic or a local subconjunctival lidocaine or retrobulbar injection that is used during in-office procedures with no anesthesia staff present and does not require a separate billing from an anesthesiologist or certified registered nurse anesthetist (CRNA).

### Coordinating with the Medical Services Coordinator

If the VR Counselor determines the case should be coordinated by the MSC, the designated MSC coordinates all customer physical restoration services that will be provided in a hospital, ambulatory surgical center, employment supports for contracted ESBI facilities, or medical school where local/monitored anesthesia care (MAC) or general anesthesia will be used during the surgery or procedure.

Role of the Medical Services Coordinator: The MSC must coordinate—

* Any hospital inpatient and outpatient medical services when local/MAC or general anesthesia is used;
* Ambulatory surgical center services when local/MAC or general anesthesia is used;
* Residential and non-residential ESBI; and
* Treatment at medical schools.

The MSC coordinates all durable medical equipment for the first two weeks following discharge for in-region cases and the first 30 days for out-of-region cases. Medications for discharge must be coordinated between the rehabilitation assistant (RA) and VR Counselor team and the MSC before the customer's discharge.

For MSC-coordinated services, the VR Counselor must send a complete courtesy case of required information to the designated MSC. For out-of-region customer medical services, the VR Counselor must send the courtesy case to the designated in-region MSC (Home MSC), who will—

* Manage out-of-region cases as per regional policy for coordination of the service; and
* Notify the counselor of the case assignment.

When out-of-region services are completed, the Service MSC notifies the Home MSC and the VR Counselor that the services have been completed. The Service MSC then transfers the medical services coordination of the case back to the Home MSC for additional services that must be provided in the home region.

When coordinating medical services, the MSC must—

* Serve as the TWC-VR point of contact with the medical provider to coordinate the services;
* Review and verify comparable services and benefits and release of information forms submitted by the RA and VR Counselor team;
* Obtain a cost estimate for medical services and notify the counselor;
* Issue SAs for service and all anticipated ancillary services;
* Obtain admission or start dates for services and notify the customer as directed by the VR Counselor;
* Verify customer admission, discharge, and completion of service;
* Notify the VR Counselor of case-coordination issues or medical complications requiring authorization of additional services;
* Coordinate discharge durable medical equipment needs for the customer; and
* Coordinate medications for discharge between the RA and VR Counselor team and the MSC before the customer's discharge.

The MSC must also—

* Pay medical provider bills and send paid bills to the VR Counselor;
* Obtain customer treatment records and send records to the VR Counselor; and
* Document in RHW the MSC case actions related to the coordination of medical services, including the following:
  + Comparable services and benefits verification information with contact name and date;
  + Specific medical service coordinated, including the provider name, admission or start date of service, and number of units or days authorized;
  + For surgery cases, the name of the surgery, surgeon, hospital or facility, and admission and surgery date;
  + Verification of discharge date, end date of service, and customer completion of service;
  + A list of ancillary providers required for coordination of the primary medical service;
  + Customer medical complications and requests for additional services or an extension of services;
  + The reason for delay in the coordination of medical services;
  + The VR Counselor contact information to discuss medical coordination case issues; and
  + The medical provider contacts to coordinate and pay for medical services.

### Process at Completion of Medical Services

The VR Counselor must—

* Contact the customer at the time of hospital discharge to ensure that the customer understands postoperative instructions and is aware that they must notify the physician and the VR Counselor if there are signs and/or symptoms of a potential medical complication;
* Provide monitoring and support to the customer during rehabilitative treatment to assess progress and compliance with the treatment regimen;
* Obtain verbal or written information about changes in functional limitations or work capacity from the service provider;
* Identify the customer's long-term and ongoing medical needs after TWC-VR purchase of physical restoration services ends and discusses with the customer the plans for meeting those needs; and
* Document how the barrier to employment has changed because of the physical restoration service by using one of the following:
  + *Work Restriction Checklist (VR3106);*
  + Functional capacity evaluation;
  + Clinic or progress notes; or
  + Case note.

Exception: Intercurrent illness and dental treatment do not require assessment of residual functional limitations.

### Necessary Unplanned Medical Services

The VR Counselor or MSC must not authorize payment for any vocationally necessary medical service that has not been approved by means of an SA before the provision of the service. If additional medical services are necessary, the provider must ask the VR Counselor or the MSC to request an SA before providing the additional services.

Exceptions: Invoices to TWC-VR for vocationally necessary medical services that were provided without prior VR approval should be infrequent and must be for immediate services that were required for a customer's safety and welfare.

### Treatment of Medical Complications

If the customer does not recover sufficiently from medical complications within a reasonable period, and the VR Counselor concludes that the customer is no longer able to participate in TWC-VR services, the VR Counselor must refer the customer to other comparable benefits for additional services and support.

After reviewing and documenting the circumstances of the case closure with the Manager and the MSC, the VR Counselor must notify the following individuals in writing if the decision is made to close the customer's case:

* Customer;
* Customer's family;
* Hospital representative; and
* Attending physician.

If the disability is too significant to benefit in terms of an employment outcome, the VR Counselor must document the clear and convincing evidence utilized to make this determination at closure.

The MSC is responsible for confirming that the customer is discharged from the hospital or facility as planned and in accordance with the number of days documented on the SA.

The MSC is the point of contact with the hospital or facility with respect to the authorization of additional hospital days and medical treatment. The VR Counselor assesses the prognosis for recovery within a time frame that will permit the customer to participate in TWC-VR services that lead to employment and, when necessary, consults the LMC.

### Payment for Medical Services

After applying comparable benefits and the customers financial participation, if required, TWC-VR may pay the customer's portion, to include the deductible, coinsurance, and/or co-pay amount, if the customer's portion does not exceed the maximum amount allowed by—

* MAPS;
* Contracted payment rate; or
* Retail or negotiated lower price (for non-MAPS, noncontract items).

The VR Counselor must ensure that consideration is given to the customer's participation in cost of services. Payment of the customer's portion by TWC-VR should be considered only when—

* The customer demonstrates financial need; and
* Payment of the customer's portion is less than what TWC-VR would pay in the absence of a comparable benefit.

Explanation of Benefits:When a customer has health insurance, Medicare, or Medicaid, the provider first submits a timely claim to these entities, as applicable, for payment of the provided medical services. An Explanation of Benefits (EOB) is sent to the medical provider to document the payment made per benefit coverage and the patient's payment responsibility (the customer's portion). The medical provider submits to VR a copy of the EOB with the provider's invoice so that the VR payment responsibility can be determined.

If the comparable service or benefit denies the service, the VR Counselor must review the EOB to determine the reason for the denial. If the service was denied for insufficient documentation, the VR Counselor must contact the medical provider and request that the provider resubmit the claim with proper documentation. TWC-VR is not responsible for payment of services when a medical provider fails to file the claim with the comparable benefit in a timely manner or fails to obtain any prior authorizations if required.

### Professional Medical Providers

Medical treatment must be provided, as appropriate, only by a Texas licensed and/or certified—

* Physician;
* Surgeon;
* Anesthesiologist;
* Assistant surgeon;
* Chiropractor;
* Radiologist;
* Pathologist;
* Physician's assistant;
* Nurse practitioner;
* Physical therapist;
* Occupational therapist;
* Speech therapist; and/or
* Registered nurse anesthetist.

A physician's assistant (PA) and a nurse practitioner provide medical services under the licensure and supervision of a physician. However, they may evaluate and treat a customer, as well as issue a report, without a physician's co-signature.

The medical provider must send documentation along with the invoice for payment that the medical service was provided. Examples of acceptable documentation include the following:

* Medical report or office notes;
* Operative report;
* Therapy evaluations and progress notes; and
* Diagnostic test reports.

If a medical evaluation is purchased, the evaluation report must address the following:

* Medical history;
* Reported symptoms;
* Review of body systems;
* Clinical examination findings;
* Diagnoses of medical conditions; and
* Recommended treatment.

### Payment to Medical Providers

The following conditions apply to payment for professional medical services:

* Payment for medical treatment must be the professional's usual fees or the MAPS maximum payment rate for the medical service, whichever is less;
* If the medical professional's usual fee exceeds the MAPS maximum payment rate, the VR Counselor must verify that the medical professional providing the service will agree to accept the VR allowance in MAPS as payment in full before coordinating services;
* If the medical provider requests payment that exceeds the MAPS rate for the medical service, the VR Counselor must consult with the VR Medical Director;
* The VR Counselor must consult with the VR Program Specialist for Physical Restoration if the VR Counselor is requesting to authorize medical services not listed in MAPS; and
* Medical providers are not paid maintenance or a per diem.

### Professional Surgical Services Policies

* Surgeon: The surgeon's fee usually includes postoperative office visits for a specified period. The period should be verified for each individual customer and surgery.

A medical complication that results from the surgery directly or is inherent in the condition under treatment is a part of the physical restoration service.

TWC-VR uses a multiple surgical procedure discount when calculating the surgeon's fee per MAPS.

* Co-Surgeons: Two surgeons may not be paid as co-surgeons on the same case at the same time except when the surgery requires the collaboration of two or more surgical specialties.

For approval of co-surgeons, the VR Counselor must—

* + Obtain a separate *Surgery and Treatment Recommendations (VR3110)* or *Eye Surgery and Treatment Recommendations (VR3109)* from each surgeon;
  + Verify that the identified surgeons have different specialties required by the proposed surgery;
  + Verify that the current procedural terminology (CPT) codes identifying the surgical procedures are different for each surgeon; and
  + Consult with the VR Medical Director to pay for co-surgeons.
* Surgical Assistant: A licensed physician, licensed PA, licensed surgical assistant, or registered nurse first assistant may be paid as a surgical assistant.
* Anesthesiology Services: A fee for the administration of anesthesia during a surgical procedure is paid to an anesthesiologist or a certified registered nurse anesthetist (CRNA). When a CRNA administers anesthesia under the supervision of an anesthesiologist, the supervising anesthesiologist may be paid for supervising the CRNA.

A fee for anesthesia may not be paid to a physician or surgeon who administers a local anesthetic agent when performing an office procedure.

## APPROVALS & CONSULTATIONS

TWC-VR staff must follow the following approvals and consultations:

*Approvals*

* *VR Deputy Division Director of Field Services Delivery approval is required when actions are taken that are contrary to* the advice of the Medical Director, State Physical Medicine and Rehabilitation Consultant, and/or State Neuropsychological Consultant.

*Consultations*

* *State Office Program Specialist for Physical Disabilities consultation is required for evaluation or treatment of customers by a local medical consultant.*
* *Local Medical Consultant and State Office Program Specialist for Physical Disabilities or Program Specialist for Physical Restoration Services consultation is required for medical services not listed in MAPS.*
* *Local Medical Consultant consultation is required for surgical services (except eye surgeries).*
* *Local Medical Consultant consultation is required for Electrical Bone Stimulators.*
* *State Medical Director consultation is required for payments for co-surgeons. VR Manager must be copied on email with the consultation packet.*
* *State Medical Director consultation is required for payments that exceed MAPS rates. VR Manager must be copied on email with the consultation packet.*
* *State Medical Director consultation is required for actions contrary to a local medical consultant’s (LMC) advice. VR Manager must be copied on email with the consultation packet.*
* *State Medical Director consultation is required for medical devices with unlisted MAPS codes. VR Manager must be copied on email with the consultation packet.*
* *Local Medical Consultant review and State Medical Director consultation is required for the following surgeries. VR Manager must be copied on email with the consultation packet.*
  + *Bariatric Surgery*
  + *Breast Implant Removal*
  + *Breast Reduction Surgery*
  + *Bilateral Total Knee Replacement (Simultaneous)*
  + *Back or Neck Injections or Neurotomy*
  + *Back or Neck Surgery*
  + *Spinal fusion surgeries involving three or more levels*
  + *Discograms*
  + *Spinal cord stimulator or dorsal column stimulator*

## REVIEW

The Policy Planning and Statewide Initiatives Team, or designee, is responsible for reviewing this policy and these procedures and will update the Document History log if necessary.

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| **Date** | **Type** | **Change Description** |
| 9/3/2024 | New | VRSM Policy and Procedure Rewrite |