

CSG Client Services Guide	Date Issued	Transmittal #14	Transmittals
	10/14/10		Section 9998

The following updates are being made to the online Client Services Guide located at <http://dese.mo.gov/vr/csg.htm>. For those of you who have a paper copy of the guide, please update it accordingly.

Revisions/Additions are shown in red as follows:

CHAPTER 11 – PHYSICAL AND MENTAL RESTORATION SERVICES

1100.3 Best Case Practice

1100.3.1 Purpose/Initial Considerations (continued)

- If medical, surgical, psychiatric or therapeutic treatment services are provided, or the client is being fitted with hearing aids or a prosthetic/orthotic device as the primary service, the case should be placed in Status 16 – Physical and Mental Restoration.
- VR is not a primary **insurance or** health care provider, and therefore the above services should only be authorized after the counselor has:
 - made a thorough search for all comparable services/benefits (CSG 630 - Comparable Services), and
 - utilized all available existing medical record information

1100.4 Authorization and Billing

- Medical diagnostic and other physical or mental restoration procedures calculated by Medicare should be authorized at the maximum Missouri Medicare rates.
- Medicare **and other comparable service** participation
 - In those rare instances when VR maximums exceed regional Medicare rates, Vocational Rehabilitation funds may be used to supplement the difference between the client's Medicare benefits and the agency maximum.
 - The combined benefits of **any comparable service (private insurance, Medicare...)** and the agency contribution should not exceed the agency established maximum for the specific service.

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1100.4 Authorization and Billing

- Medical procedures are typically identified by a specific Physician's Current Procedural Terminology (CPT) number, which should be referred to when preparing an authorization.
- When a request has been made for a procedure which is not identified by a CPT number in the VR Medical Fee Schedule,
 - Contact the vendor(s) and obtain the usual and customary fee for the procedure. Forward the cost of the procedure and fee number to the Client Services Section **along with client name**.
 - The Client Services Section will establish a cost for the procedure and notify the district office initiating the request. At that time, the procedure may be authorized **as instructed**.

1110 RADIOLOGY, PATHOLOGY AND LABORATORY

1110.4 Procedure

- When providing radiology, pathology, or laboratory procedures related to an IPE as a primary or secondary rehabilitation service:
 - Document informed choice in the VR case folder.
 - Search for and apply all comparable services/benefits, including Medicare/Medicaid, or private insurance. **Co-pays and deductibles are considered client contributions and are the responsibility of the client.**

1120 SURGERY, ANESTHESIA AND DRUGS/SUPPLIES

1120.4.2 Surgery, anesthesia, and/or drugs/supplies: Diagnostic

- Search for and apply all comparable services/benefits, including Medicare/Medicaid, or private insurance. **Co-pays and deductibles are considered client contributions and are the responsibility of the client.**

1120.4.3 Surgery, anesthesia, and/or drugs/supplies: Associated with an IPE

- Search for and apply all comparable services/benefits, including Medicare/Medicaid, or private insurance. **Co-pays and deductibles are considered client contributions and are the responsibility of the client.**

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1120.5 Authorization and Billing

1120.5.1 Surgery/Anesthesia

- Surgical Fees:
 - The VR Medical Fee Schedule contains a list of maximum amounts payable for medical services, based upon the **Current Procedural Terminology** (CPT) used as a basis for all medical fee numbers and descriptions.