



Opportunities for Ohioans with Disabilities

Bureau of Services for the Visually Impaired
Bureau of Vocational Rehabilitation
Division of Disability Determination

Vocational Rehabilitation (VR) Medical Fee Schedule Summary (Effective Date: 8/17/09, Revised 8/10/15)

INTRODUCTION

The Opportunities for Ohioans with Disabilities (OOD), *Vocational Rehabilitation (VR) Medical Fee Schedule* sets forth a procedure for use by staff of the Bureau of Vocational Rehabilitation (BVR), the Bureau of Services for the Visually Impaired (BSVI) and VR Contractors to utilize Medicare and/or Medicaid allowable charges to purchase medical services for VR applicants or eligible individuals. According to Ohio Administrative Code 3304-2-52, “*Least Cost, use of comparable benefits, consumer contribution and fees for services*”, the maximum fees for medical services paid wholly or in part by OOD shall be established by the executive director and shall be listed in the OOD medical fee schedule.

OOD purchases services for an applicant or eligible individual from a variety of medical service providers, and authorizes and pays for these services as outlined in this document. Generally this is using rates established by Medicare and/or Medicaid. BVR and BSVI staff and VR Contractors are encouraged to negotiate a lower fee if providers will accept a lower rate.

Fees for services and supplies that are not listed in this document may be individually negotiated with providers.

SERVICES COVERED UNDER MEDICARE’S PHYSICIAN FEE SCHEDULE:

Medicare fee schedules are a complete listing of fees used by Medicare to pay doctors or other providers/suppliers. **OOD utilizes only the Physician Fee Schedule** which is maintained and updated regularly by Centers for Medicare and Medicaid Services (CMS) website.

Physician Specialties

Physicians with the following credentials are included: CH (Chiropractor), DO (Doctor of Osteopathy), DPM (Podiatrist), 00 (Doctor of Optometry) and MD (Medical Doctor). The only exception is when an 00 or MD is performing a Clinical Low Vision Evaluation billing through a OOD approved CRP (Community Rehabilitation Provider) Fee Schedule. In such cases, the Clinical Low Vision fee listed in the approved CRP fee schedule will apply.

There are many types of physician specialties, such as Primary Care Physicians, Cardiologists, Radiologists, Ophthalmologists, Physical Medicine and Rehabilitation, Occupational Medicine, Sports Medicine, etc. Physicians provide evaluation and management services that vary by type of service, place of service and the patient's status. CPT codes allow the physician to specify services provided.

Anesthesia

Due to the complexities involved in billing for anesthesia services, OOD does NOT require anesthesia services to be reimbursed in accordance with Medicare allowable fees. Instead, OOD reimburses anesthesia services based on the usual and customary fees of the service provider multiplied by the time as measured in 15 minute units of service. Anesthesia time begins when the anesthesiologist or anesthesiologist is in personal attendance at the surgical procedure and ends when the anesthesiologist or anesthesiologist is no longer in personal attendance. Because these services are time based, pre-authorization of an exact amount is not possible and the OOD counselor is encouraged to estimate charges on the authorization and then adjust based on the actual time utilized during the procedure. VRC staff are encouraged to negotiate Medicare allowable fees for these services, as appropriate, and must follow agency least cost guidelines.

Facility Fees

A facility fee is a charge instituted by the facility where a procedure is performed and is separate from the physician's fee. Due to the complexities involved in calculating Medicare reimbursement to facilities, OOD does NOT require facilities to be reimbursed in accordance with Medicare allowable fees. If there is a specific facility that frequently serves OOD eligible individual, counselors should notify their supervisor so that a fee can be negotiated for the most commonly performed services (recurrent CPT codes). The VRS should contact the practice manager of the facility to negotiate a reduced fee based on quantity.

OPTOMETRY/OPHTHALMOLOGY SERVICES

When purchasing optometry and ophthalmology services, OOD will pay no more than either the maximum amount allowed under the Ohio Department of Medicaid's, Medicaid Non-Institutional Maximum Payment Schedule or the amount customarily charged by the provider (whichever is less), minus the amounts paid by comparable benefit and contribution from the VR applicant or eligible individual.

Rates can be found at the following link:

<http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

It should be noted that low vision services as defined in the Vocational Rehabilitation Fee Schedule are paid in accordance with rates established in the VR Fee Schedule, not the Medical Fee Schedule.

AUDIOLOGY SERVICES AND HEARING AIDS

When purchasing audiology services and/or hearing aids, OOD will pay no more than either the maximum amount allowed under the Ohio Department of Medicaid's, Medicaid Non-Institutional Maximum Payment Schedule or the amount customarily charged by the provider (whichever is less), minus the amounts paid by comparable benefit and contribution from the VR applicant or eligible individual.

Rates can be found at the following link:

<http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

BILLING OOD ELIGIBLE INDIVIDUAL

The medical provider assumes the obligation to provide and complete all forms required by OOD in order to receive reimbursement for services. A medical provider may NOT charge the eligible individual or their representative(s) for the costs of completing the forms or the difference between their usual or customary fee billed and the amount of the OOD payment based upon this Medical Fee Schedule. The medical provider must agree to accept OOD fees as payment in full or choose not to do business with OOD.

In some circumstances, the eligible individual does contribute to the cost of the services provided and when this occurs, the amount of the eligible individual contribution approved by OOD will be clearly specified on the authorization for services, consistent with the eligible individual's Individualized Plan for Employment (IPE). When the eligible individual is contributing to the cost of the service, OOD's cost for the service is calculated by subtracting the eligible individual's contribution from the total cost of the service as determined by the OOD medical fee schedule.

There may be circumstances in which an eligible individual requests a medical product/equipment that exceeds the requirements to reach the employment goal (i.e., in-canal hearing aids or more expensive eye glass frames). OOD will only pay the Medicaid allowable rate for the product/equipment that was determined to be necessary to reach the employment goal and the eligible individual must pay the difference. This shall be detailed on Individualized Plan for Employment and the authorization for services. This guidance applies to medical products and equipment only, not service providers.

According to OOD Administrative Code 3304-2-53, *Qualifications for service providers and vendors*, OOD shall purchase goods and services only from service providers and vendors who agree not to charge or accept any payment from the eligible individual or the eligible individual's family unless the amount of the charge or payment is previously known and approved by OOD. The VR Authorization for Services form states: The

vendor agrees that no additional payment for the goods or services listed on this authorization will be requested from the person named above or that person's family unless the amount is previously known and when applicable, is approved by OOD. If additional payment from the eligible individual is approved by OOD, this information will be specified on the Authorization for Services. Some medical service providers may attempt to balance-bill patients/eligible individual - this is illegal.

SERVICES NOT COVERED UNDER THE OOD VR MEDICAL FEE SCHEDULE

Other healthcare providers or allied health professionals can provide medical services for eligible individual, but do not regularly accept Medicare assignment or do not agree to accept the Medicare approved amount as full payment. In addition, OOD purchases specialized vocational rehabilitation services from service providers in many of these allied health disciplines that are truly not "medical" in nature. Consequently, services provided by the following health care providers are not covered under the OOD Medical Fee Schedule:

- Dentist and Dental Specialties - refer to the OOD Dental Fee Schedule
- Psychology - refer to the OOD VR Psychological Fee Schedule
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Social Work
- Speech & Language Therapy

Fees associated with these services can be negotiated locally.

EXCEPTIONS TO THE MEDICAL FEE SCHEDULE

In limited circumstances, exceptions may be made to the VR Medical Fee Schedule or to the maximum rates allowed by Medicaid. Exceptions are allowed only in circumstances in which:

- there is not an available provider within a reasonable distance of the individual that will accept the maximum rate, or
- when the nature of the Medicaid services will not meet the vocational rehabilitation needs of the individual.

Approval for exceptions must be obtained from the Deputy Director, or designee, prior to purchase.