



Policy No. 710	Subject: Medical Diagnostic and Treatment Authorizations and Fees
Section: Other Policies and Procedures	Revised: 04/2020
Signature: Brandy McOmber, Resource Manager	Version: FINAL

1. ASSESSMENT OF CURRENT GENERAL HEALTH STATUS

The fees paid by IVRS for medical diagnostic examination services and related procedures are the Medicare rates for that practitioner for the examination or procedures. Payment will be restricted to the specific procedures authorized, unless prior approval is obtained from an authorized IVRS staff member.

2. PSYCHOLOGICAL TESTING AND EVALUATION

Services purchased from psychologists are paid for according to the established fee structure. See CPT books for updates. The IVRS counselor should identify the specific test(s) requested for the disability-related questions to be answered.

3. AUTHORIZATION FOR RECORDS

Authorizations for records received should follow the vendor’s usual customary and reasonable fee process not to exceed a claim of \$35. Any billing received that exceeds this rate requires staff to obtain approval from IVRS management to pay the billing. When a request for records does not yield any documents and the vendor charges for a records search, the maximum amount paid may not exceed \$35. The [Medical Records Letter](#) should be sent with each [Release of Information](#), clearly identifying the contact information if there are questions or concerns from the medical vendor to process. The [Medical Records Letter](#) will be updated annually. Staff are encouraged to be concise in the record request specifically targeting the diagnostic and functional limitation information. If a billing exceeds \$35 and was approved by the office supervisor, the supervisor approval should accompany the billing invoice to Financial for payment processing.



4. UNIVERSITY OF IOWA HOSPITALS AND CLINIC RECORDS

Send release of information to: University of Iowa Hospitals and Clinics
Release of Information Office
3281 Ridgeway Dr. Ste. 100
Coralville, IA 52241

5. MAYO CLINIC RECORDS

Send requests, with release to: Mayo Clinic
200 First Street SW
Rochester, MN 55909
(FAX: 507/284-0161)

6. CANCELLATION FEES

IVRS may pay cancellation fees charged by a provider when the job candidate fails to cancel an appointment by the requisite time before the appointment or the job candidate does not show for the appointment, under the following circumstances:

- a. The service provided is an assessment for eligibility determination or in development of the job candidate's plan for employment;
- b. It is the vendor's customary policy to charge a cancellation fee and they inform individuals of the fee at the time the appointment is made; and
- c. The amount charged is nominal in context of the services to be rendered.

At the time an appointment is scheduled for a job candidate, it is necessary to determine the vendor's cancellation policy and assure the policy is applicable to all customers of the business.

Payment of cancellation fees are processed as an administrative cost. Invoices for such services are sent to financial services with approval denoted on the invoice by initialing and dating the invoice.



If the appointment is not for assessment purposes, a search for comparable services and benefits is required. In some instances, the job candidate's primary health insurance provider may have policies that preclude payment for cancellation fees (i.e. Medicaid). In these situations, IVRS funds cannot be used to pay these costs.

IVRS does not pay fees for services that were not rendered, so if an appointment is cancelled by the vendor, IVRS funds cannot be used to pay cancellation or other fees in these circumstances.

7. LOCAL MENTAL HEALTH CENTERS

This section covers the provision of diagnostic and treatment services to VR job candidates at local mental health centers.

- a. **Diagnostic Evaluation:** Payment on the R-450 may be authorized to a local mental health center for initial diagnostic evaluation of job candidates referred by the IVRS staff. Referral of job candidates to IVRS by the mental health center are expected to include diagnostic work-up and treatment progress reports.
- b. **Treatment Services:** Mental health treatment for mutual job candidates who are served by the center is to be provided under the usual schedule of fees using the Medicare Fee structure when authorized by IVRS. When not authorized by IVRS, fees are based on a sliding scale, and are the responsibility of the job candidate.
- c. **Summary Reports:** Payments to a mental health center for current reports may be authorized on the R-450 at the Medicare fee rate to defray the cost of copying, transcription, and mailing.

8. EXAMS/SERVICES NOT COVERED BY UCR

- a. **Drugs:** Authorizations for drugs are to carry the words, "Not to exceed amount allowable by Title XIX".
- b. **Prosthesis:** Prosthetic vendors are required to sign a statement that they will not charge IVRS more for any specific device or service than they charge other state or federal programs. Payment is based on use of the R-406 Financial Inventory and



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Participation Worksheet, unless an exception to policy has been agreed to.
Medicare rates should be used when applicable.

- c. **X-Rays:** Staff should request that x-rays be listed separately, with the cost for each shown. A separate fee for reading the x-rays is usually imposed when x-rays are taken in a hospital. Medicare fees are used for compensation.
- d. **Other:** For all other services, devices, and treatment refer to the Medicare or applicable Medicaid fee structure.

9. EXCEPTIONS

- a. None

10. APPLICABLE FORMS

- a. [Medical Records Letter](#)
- b. [Comparable Services and Benefits](#)
- c. [Release of Information \(R-407\)](#)

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