



## DEPARTMENT OF REHABILITATION PROVIDER REFERENCE GUIDE FOR MEDICAL SERVICES AND DEVICES

### **Introduction**

The Department of Rehabilitation (DOR) is the state department charged with the vocational rehabilitation of adults and transitioning high school students with significant disabilities (collectively known as consumers). The DOR's mission is to assist consumers to achieve their employment goals, maintain successful employment, and live independently. Assisting consumers to reach these goals may include purchasing general or surgical medical services. The DOR highly values and appreciates all of the health care providers on the panel.

### **The DOR's payment rates**

Most of the DOR payment rates are comparable to the Medi-Cal rate schedules. However, the DOR may also purchase additional services not covered by Medi-Cal in order to meet a DOR consumer's vocational rehabilitation needs.

### **Prompt Payment Commitment**

The DOR follows the California Prompt Payment Act, which requires state agencies to make payments not more than 45 days after the receipt of a properly submitted and undisputed invoice.

### **Evaluation**

The physician performs an examination for the consumer and records his/her findings. The doctor's evaluation report and recommendations can be documented in a number of ways:

- Complete the DR 223 – General Medical Exam
- Complete the DR 225 – Functional Capacities Evaluation

- Complete the DR 237 – Physician’s Prescription for Medical Device/Service
- Write a report / narrative documenting the examination

After the examination, the provider submits the completed documents / report along with an invoice to DOR within 10 days from the date the evaluation was completed. The invoice could be the signed Authorization and Invoice for Medical Services (DR 297C) or the standard CMS 1500 form.

### **Authorization**

If medical treatment or devices (e.g., wheelchair, prosthetics) related to the vocational goal are necessary, the DOR will review and determine the appropriateness of services in alignment with the consumer’s employment goal and plan. If the DOR decides to proceed with purchasing medical treatment or devices for the consumer, the DOR will send the provider an Authorization and Invoice for Medical Services (DR 297C) or Purchasing Authority Purchase Order (DR 297D) for devices, itemizing each procedure code.

No services may be provided or paid for without a DOR authorization document. Only those services authorized, in advance, on the Authorization and Invoice for Medical Services (DR 297C) or Purchasing Authority Purchase Order (DR 297D) will be honored at the time of invoice.

### **Medical Services and Devices**

After evaluation, medical services may include radiology, immunizations, vaccines, drug tests, pathology/laboratory, rehabilitation therapy, surgeries, and other services performed by a licensed medical professional. Devices may include wheelchairs, prosthetics, or other durable medical equipment.

### **Billing the DOR for Medical Evaluations, Services, and Devices**

It is a state policy that if the consumer/patient has Medi-Cal or other private insurance, the provider will invoice these benefits first. Whatever is not covered by the comparable benefits can then be invoiced to DOR. Each provider must attach the evidence of benefit (EOB) or denial. Medicare or Medi-Cal non-covered services do not require EOB or denial documentation. See step-by-step table for specific invoicing instructions.

When billing the DOR for evaluations, include the documents listed above in the Evaluation section of this document. Also, note the following:

- The DOR is required to verify with the consumer that services were received prior to paying the invoice.
- Providers are paid at the rates listed in this document in the section entitled “The DOR’s Payment Rates.”
- Attach any comparable benefits documentation when billing the DOR.

DOR invoicing guidelines can be found online at this website: <http://dor.ca.gov/Public/Invoicing-Guidelines-for-Vendors.html>. Along with general information for all vendors, the website includes a link to more specific information for health care providers.

### **Step-by-Step In-Depth Guide**

This section provides a description of each step in the general medical services process. See the sections above for more detailed information on policies, processes, and documentation.

Step	Purchase Phase	Action	Standard Actor
1	Authorization	<p>Issue authorization for medical examination.</p> <p>Attach the appropriate form if needed (e.g., DR 223 – General Medical Exam, DR 225 – Functional Capacities Evaluation, DR 237 – Physician’s Prescription for Medical Device/Service) or the physician can write a report / narrative.</p> <p>Commonly used exam procedure codes:</p> <ul style="list-style-type: none"> <li>• 99499 basic evaluation with suffixes for family medicine, internal medicine, physical medicine, single specialty, or wheelchair evaluation. This code series includes: medical history, exam, diagnosis, assessment of capabilities/ stability/ impairment, report.</li> <li>• 99456 comprehensive evaluation with suffixes for single specialty, dual specialty, internal medicine, neurology, neurosurgery, orthopedic, and physical medicine. This code series includes: medical history, exam, diagnosis, assessment of capabilities/ stability/ impairment, treatment plan, report.</li> </ul>	DOR Office

Step	Purchase Phase	Action	Standard Actor
		<ul style="list-style-type: none"> <li>• X3920 WC - Wheelchair evaluation and report by a physical therapist, per 30 minutes.</li> <li>• X4100 WC - Wheelchair evaluation and report by an occupational therapist, per 30 minutes.</li> <li>• All other general medical services required along with the examination (radiology, immunizations, vaccines, drug tests, etc.) can be authorized either together or separately.</li> </ul>	
2	Evaluation	<ul style="list-style-type: none"> <li>• Perform examination for consumer.</li> <li>• Document findings via one of the ways noted in the Evaluation section of this document.</li> <li>• Submit the completed examination and invoice to DOR – either the signed Authorization and Invoice for Medical Services (DR 297C) or the CMS 1500.</li> </ul>	Provider
3	Invoicing	<ul style="list-style-type: none"> <li>• Invoice the consumer’s Medi-Cal or other private medical insurance (if applicable).</li> <li>• Invoice the DOR for remaining balance. Attach EOB or denial.</li> </ul>	Provider
4	Services and Devices	<ul style="list-style-type: none"> <li>• If doctor and DOR determine treatment services or devices are necessary, another authorization would be issued with appropriate procedure codes.</li> <li>• Perform necessary services or dispense devices to consumer.</li> <li>• Invoice the consumer’s Medi-Cal or other private medical insurance (if applicable).</li> <li>• Invoice the DOR for remaining balance. Attach EOB or denial.</li> </ul>	DOR Office and Provider