

SERVICES

Prior Approval

All surgery other than eye surgery must be prior approved by the Program Administrator.

Refusal of Services

Refusal of physical restoration does not in and of itself constitute the basis for denial of other services needed to complete the consumer's rehabilitation program. The counselor should, however, determine whether the consumer would be able to engage in competitive employment without the surgery.

Services Purchased in State

DSB will pay for all physical restoration services that are properly authorized. The rate of payment will be according to the vendor's stated fee up to, but not to exceed, the maximum amount determined by the current Medicaid fee schedules. The fee paid to physicians for surgical treatment includes 15 days routine post-operative care. After 15 days the counselor may authorize up to three post-operative visits if it is decided they are needed.

Services Purchased Out of State

If DSB purchases physical restoration services out of state, the rate paid for such services may equal, but not exceed, that paid by the local Rehabilitation Service or other comparable public agency of that state. **NOTE:** Texarkana, Texas is considered in state.

DSB also will use physicians and facilities that are used by the Rehabilitation Service or other comparable public agency of that state. If information concerning fees is not available, the counselor will contact the nearest appropriate agency. If information regarding fees is not available there, the counselor will contact the nearest appropriate Vocational Rehabilitation Office to find the rate that the particular agency pays for the needed service. When an appropriate fee schedule is not available for a procedure being performed out-of-state or in those rare situations that an in-state vendor will not accept payment not to exceed the current Medicaid fee schedules, the counselor may be required to negotiate a special rate. In these cases the rate may not exceed the current Medicare fee schedule minus 20% and must be pre-approved by the counselor's Field Services Supervisor or the Program Administrator.

SERVICES (Continued)

**Medical
Payments**

After the initial diagnostic medical examination and the eligibility certification, payments may be made to a physician (general practitioner or specialist), clinic, dispensary, or hospital for services rendered in the treatment of the consumer. The counselor can also pay for medications and medical supplies incidental to such treatment.

NOTE: Medications may only be purchased in conjunction with a surgical procedure or to treat a short-term illness to enable a consumer to return to work or training. Medications will not be purchased for long-term illnesses. A short-term illness for the purpose of this policy is one that is expected not to last over 60 days.

**Psychiatric
Treatment**

Payments may be made to specialist in neuropsychiatry or to a psychiatric clinic or hospital for psychiatric treatment after the initial psychiatric diagnostic examination. In the case of long term mental illness counselors should determine if this is the primary disability. If so, the case should be referred to the Arkansas Rehabilitation Services.

**Surgical
Treatment**

Payments may be made for preoperative care, surgical operations, and postoperative care. This is in addition to the 15 days of required postoperative care that is to be provided as a part of the surgical fee. Payments will be made according to the physician's quoted usual, customary, and prevailing fee, but not to exceed the current Medicaid fee schedule.
