# Vocational Rehabilitation Services Manual C-700: Medical Services and Equipment

Revised October 1, 2020

## C-701: Professional Medical Services

Federal law requires that medical services (including corrective surgery or treatment) that are sponsored or supported by Vocational Rehabilitation (VR) services must:

* have a direct effect on the customer's functional ability to perform the employment goal or the services must support other needed vocational rehabilitation services; and
* be likely, within a reasonable period, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment.

34 CFR 361.5(39) (i)

VR is the payer of last resort.

[Comparable benefits (B-310-5)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-5) and required [customer participation in cost of services (B-310-6)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-6) must be applied before VR funds are expended.

Because VR uses tax revenue for case service expenditures, the division must purchase the least expensive services that meet the customer's vocational needs. For more information, see the requirements in [D-203-2: Best Value Purchasing](https://twc.texas.gov/node/).

After the customer's primary and/or secondary benefit coverage has been applied and the customer's ability to pay has been determined, VR may pay to the provider an amount equal to the customer's co-payment, coinsurance, or deductible due. VR payment does not exceed the amount allowed by the insurance coverage or the allowable VR rate or VR contract rate, whichever is less.

### C-701-1: Restrictions

When approval for any procedure, service, food, or device is required, the review and approval must be completed and documented in ReHabWorks (RHW) before including the services on the customer's individualized plan for employment (IPE) or IPE amendment.

The following medical services are not authorized:

* ongoing general medical care for health maintenance;
* emerging technology and temporary, experimental, or investigational medical services (terminology codes, also called T-codes);
* maternity care; and
* medical or surgical treatment associated with:
* active tuberculosis;
* sexually transmitted diseases;
* cancer;
* organ transplantation (except for the treatment of individuals with end-stage renal disease, subject to management review and approval, as set out below); or
* human immunodeficiency virus infection (HIV) or acquired immunodeficiency syndrome (AIDS).

A corneal transplant, also known as keratoplasty, is a surgical procedure in which a damaged or diseased cornea is replaced by donated corneal tissue. Corneal tissue is not considered an organ; therefore, corneal transplants are not considered organ transplants and are not restricted.

Management exceptions to this list are not allowed.

#### End-Stage Renal Disease

Federal guidelines at 34 CFR 361.5(39) (xv) mandate certain vocational rehabilitation services for customers with end-stage renal disease. These customers' cases must be reviewed by the:

* local medical consultant (LMC);
* VR Manager;
* state program specialist for physical disabilities; and
* VR medical director.

### C-701-2: Medical Services Required Review and Approvals Policy

Medical consultants provide support to VR staff throughout the VR process.

For limitations on consultant services and more information about the roles of various consultants, refer to [VRSM B-101-7: Consultants](https://twc.texas.gov/vr-services-manual/vrsm-b-100#b101-7).

#### Medical Director

The following require review and approval by the medical director:

* Medical services with payments exceeding the Maximum Affordable Payment Schedule (MAPS);
* Approval for medical services or devices with unlisted MAPS codes;
* Payment for co-surgeons;
* Actions contrary to the LMC's advice;
* Hiring new consultants; and
* Services, procedures, and programs with special requirements.

VR staff must consult with the VR Manager prior to requesting review and approval by the medical director.

VR staff must send any required reviews or approvals to the appropriate state optical consultant for eye surgeries, treatments, or procedures.

#### State Ophthalmology Consultants

The state ophthalmology consultants are ophthalmologists. VR staff must direct ophthalmological and surgical questions to their attention.

#### State Optometric Consultants

State optometric consultants are optometrists and clinical low-vision specialists. Low-vision, vision therapy, and related optometric questions are directed to their attention.

#### State Physical Medicine and Rehabilitation Consultant

The state physical medicine and rehabilitation (PM&R) consultant reviews cases and provides guidance on the physical status and prognosis of customers with brain injuries and customers in the ESBI (Employment Supports for Brain Injury) program to help VR counselors determine a customer’s ability to return to work and participate in the VR process.

#### State Neuropsychological Consultant

The state neuropsychological consultant reviews cases and provides guidance on the mental status and prognosis of customers with brain injuries and customers in the ESBI program to help VR counselors determine a customer’s ability to return to work and participate in the VR process.

#### Regional Dental Consultant

A regional dental consultant (RDC) is required for all dental services.

#### Local Medical Consultant

The following require review and consultation by an LMC:

* Surgical services, with the exception of eye surgeries, and
* Procedures requiring local and general anesthesia.

Some services, procedures, and programs with special requirements require LMC review and consultations. Refer to [C-703](https://twc.texas.gov/vr-services-manual/vrsm-c-700#c703) and the particular service to determine the approvals, consultations, and documentation required.

Eye surgeries with complex procedures may need more consultation. VR staff may contact the state office program specialist for blind services at BVI\_staffing@twc.state.tx.us.

For more information, refer to C-703-36: Eye Surgery and Treatment for Eye Conditions.

#### Medical Services Procedures

When medical services are being considered, the following procedures must be followed:

1. The vocational rehabilitation counselor (VR counselor) documents in a case note how the customer's substantial impediments to employment will be addressed by the proposed medical services to allow the customer to return to, obtain, maintain, or advance in competitive integrated employment.
2. The VR counselor or the designee submits all required documentation for required reviews and approvals to the appropriate source for review and approval.
3. All required reviews and approvals are documented in RHW before VR commitment to VR sponsorship of a medical service by its inclusion in the IPE or an IPE amendment.
4. After confirming documentation of all required reviews and approvals, medical services must be included in the customer's IPE or IPE amendment.
5. The VR counselor provides counseling and guidance to ensure that the customer understands the recommended treatment and the customer's responsibilities throughout the physical restoration process.

For additional information about the customer's medical condition, treatment options, and potential employment impact, consult the Medical Disability Guidelines (PDF).

The VR counselor uses the following procedures when authorizing medical services.

1. Review the customer's medical records related to the reported disability.
2. Obtain a written recommendation for planned medical services.
3. Obtain the current procedural terminology codes from the surgeon or physician for the recommended procedures.

Before developing the IPE, if the recommendations include VR-sponsored surgeries—with the exception of eye surgeries or invasive medical procedures requiring general and or local anesthesia—VR staff must:

1. obtain the completed [VR3110, Surgery and Treatment Recommendations](https://twc.texas.gov/forms/index.html);
2. have the LMC review the VR3110;
3. have the LMC complete a [VR3101, Consultant Review](https://twc.texas.gov/forms/index.html), before creating the IPE for medical services;
4. consult with the VR program specialist for physical restoration for medical services that:
* are not listed in MAPS;
* use codes listed as $0; or
* use codes ending in "99" or the letter "T"; and
1. document the outcome of the LMC in a case note in RHW.

When eye surgery or treatment is recommended, refer to C-703-36: Eye Surgery and Treatment for Eye Conditions for surgery process.

When dental services require review and approval, the VR counselor completes each of the steps that are listed above and asks the regional dental consultant to complete the [VR3101, Consultant Review](https://twc.texas.gov/forms/index.html), before services are approved.

If the provider requests authorization for services that exceed the MAPS rates, the VR counselor must obtain approval from the VR medical director.

Justification of a payment rate that exceeds the MAPS rate must show that the:

* customer is an established patient of the medical provider;
* a limited number of medical providers exists in the geographical area where the customer resides;
* surgery or procedure is complicated and requires the special expertise of the medical provider; or
* rate is the best value to VR.

 If requesting a state ophthalmological or state optometric consultant review, the VR counselor:

* completes [VR2351, Request for MAPS Consultation (PDF)](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html), which states the name of the appropriate consultant, explains the reason for the request, and lists all the codes and dollar amounts associated with the request;
* includes all pertinent background materials (such as eye exams, other medical reports, and provider comments and recommendations) as well as invoices or other documentation submitted by the provider;
* emails information to the VR Medical Services program specialist for physical restoration at vr.medicalservices@twc.state.tx.us; and
* takes responsibility for:
* documenting the consultant's response in the customer's case records;
* ensuring that the service is provided in accordance with the consultant's recommendations; and
* processing payment for the completed service in accordance with all programmatic and purchasing requirements.

Local field office staff must coordinate customer medical services that are not provided in a hospital, facility, or medical school. These services include medical evaluation and treatment in a physician's office, including surgical consultations pre- and post-surgery and other physical restoration procedures provided in an office setting with local anesthesia, therapy services, durable medical equipment, and prosthetic or orthotic services.

Exception: The local field office staff may coordinate a laboratory or radiology diagnostic test at a hospital or facility if the diagnostic test is ordered by a physician in conjunction with a medical evaluation and the laboratory or radiology order does not allow time for MSC coordination of the requested diagnostic test. In that case, the local field office staff obtains guidance from the MSC before issuing the service authorization.

### C-701-3: Coordinating with the Medical Services Coordinator

After consultation with the VR counselor, the designated medical services coordinator (MSC) coordinates all customer physical restoration services that will be provided in a hospital, ambulatory surgical center, post-acute brain injury facility, or medical school.

#### Role of the Medical Services Coordinator

The MSC must coordinate:

* all hospital inpatient and outpatient medical services;
* ambulatory surgical center services;
* residential and non-residential employment supports for brain injury (ESBI); and
* treatment at medical schools.

The MSC coordinates all durable medical equipment for the first two weeks following discharge for in-region cases and the first 30 days for out-of-region cases. Medications for discharge must be coordinated between the rehabilitation assistant (RA) and VR counselor team and the MSC before the customer's discharge.

For MSC-coordinated services, the VR counselor sends a complete courtesy case of required information to the designated MSC. For out-of-region customer medical services, the VR counselor sends the courtesy case to the designated in-region MSC (Home MSC), who will:

* manage out-of-region cases as per regional policy for coordination of the service; and
* notify the counselor of the case assignment.

When out-of-region services are completed, the Service MSC notifies the Home MSC and the VR counselor that the services have been completed. The Service MSC then transfers the medical services coordination of the case back to the Home MSC for additional services that must be provided in the home region.

When coordinating medical services, the MSC must:

* serve as the VR point of contact with the medical provider to coordinate the services;
* review and verify comparable benefits and release of information forms submitted by the RA and VR counselor team;
* obtain a cost estimate for medical services and notify the counselor;
* issue service authorizations for service and all anticipated ancillary services;
* obtain admission or start dates for services and notify the customer as directed by the VR counselor;
* verify customer admission, discharge, and completion of service;
* notify the VR counselor of case-coordination issues or medical complications requiring authorization of additional services;
* coordinate discharge durable medical equipment needs for the customer; and
* coordinate medications for discharge between the RA and VR counselor team and the MSC before the customer's discharge.

The MSC also must:

* pay medical provider bills and send paid bills to the VR counselor;
* obtain customer treatment records and send records to the VR counselor; and
* document in RHW the MSC case actions related to the coordination of medical services, including:
	+ comparable benefit verification information with contact name and date;
	+ specific medical service coordinated, including the provider name, admission or start date of service, and number of units or days authorized;
	+ for surgery cases, the name of the surgery, surgeon, hospital or facility, and admission and surgery date;
	+ verification of discharge date, end date of service, and customer completion of service;
	+ a list of ancillary providers required for coordination of the primary medical service;
	+ customer medical complications and requests for additional services or an extension of services;
	+ the reason for delay in the coordination of medical services;
	+ the VR counselor contact information to discuss medical coordination case issues; and
	+ the medical provider contacts to coordinate and pay for medical services.

#### Process at Completion of Medical Services

The VR counselor:

* contacts the customer at the time of hospital discharge to ensure that the customer understands postoperative instructions and is aware that he or she must notify the physician and the VR counselor if there are signs and/or symptoms of a potential medical complication;
* provides monitoring and support to the customer during rehabilitative treatment to assess progress and compliance with the treatment regimen;
* obtains verbal or written information about changes in functional limitations or work capacity from the service provider;
* identifies the customer's long-term and ongoing medical needs after VR sponsorship of physical restoration services ends and discusses with the customer the plans for meeting those needs; and
* documents how the impediment to employment has changed because of the physical restoration service by using one of the following:
* VR3106 Work Restriction Checklist
* A functional capacity evaluation
* Clinic or progress notes
* An RHW case note.

Exception: Intercurrent illness and dental treatment do not require assessment of residual functional limitations.

### C-701-4: Necessary Unplanned Medical Services

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### C-701-9: Professional Surgical Services Policies

#### Surgeon

The surgeon's fee usually includes postoperative office visits for a specified period. The period should be verified for each individual customer and surgery.

A medical complication that results from the surgery directly or is inherent in the condition under treatment is a part of the physical restoration service.

VR uses a multiple surgical procedure discount when calculating the surgeon's fee per MAPS. Refer to the [Medical Services Required Practices Handbook (PDF)](http://intra.twc.state.tx.us/intranet/vrs/docs/medservhndbk-twc.pdf) for the payment method.

#### Co-Surgeons

Two surgeons may not be paid as co-surgeons on the same case at the same time except when the surgery requires the collaboration of two or more surgical specialties.

For approval of co-surgeons, the VR counselor:

* obtains a separate [VR3110, Surgery and Treatment Recommendations](https://twc.texas.gov/forms/index.html), or the VR3109, Eye Surgery and Treatment Recommendations, from each surgeon;
* verifies that the identified surgeons have different specialties required by the proposed surgery;
* verifies that the current procedural terminology (CPT) codes identifying the surgical procedures are different for each surgeon; and
* obtains approval from the VR medical director to pay for co-surgeons.

#### Surgical Assistant

A licensed physician, licensed PA, licensed surgical assistant, or registered nurse first assistant may be paid as a surgical assistant. The VR counselor refers to the [Medical Services Required Practices Handbook (PDF)](http://intra.twc.state.tx.us/intranet/vrs/docs/medservhndbk-twc.pdf) for the payment method.

#### Anesthesiology Services

A fee for the administration of anesthesia during a surgical procedure is paid to an anesthesiologist or a certified registered nurse anesthetist (CRNA). When a CRNA administers anesthesia under the supervision of an anesthesiologist, the supervising anesthesiologist may be paid for supervising the CRNA. The VR counselor refers to the [Medical Services Required Practices Handbook (PDF)](http://intra.twc.state.tx.us/intranet/vrs/docs/medservhndbk-twc.pdf) for the payment method.

A fee for anesthesia may not be paid to a physician or surgeon who administers a local anesthetic agent when performing an office procedure.

### C-701-10: Telehealth for Medical Services

When considering telehealth options for customers, refer to [VRSM D-221: Telehealth Options](https://twc.texas.gov/vr-services-manual/vrsm-d-200#d221).

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## C-703: Policies for Services, Procedures, and Programs with Special Requirements

Listed below are physical restoration services or procedures that have special requirements. The VR counselor reviews the requirements throughout this chapter before including any of the services in the customer's individualized plan for employment (IPE) or IPE amendment.

The services are:

* adaptive or assistive technology;
* back surgery and steroid injections;
* bilateral total knee replacement (simultaneous);
* breast implant removal;
* cardiac catheterization or angiography;
* chiropractic treatment;
* cochlear implant;
* comprehensive medical treatment for spinal cord injury;
* dental treatment;
* discograms;
* electrical bone stimulators;
* eye surgery and treatment for eye conditions
* eyeglasses and contact lenses;
* functional capacity assessments (FCA);
* functional electrical stimulation (FES) devices;
* hearing aids;
* home health and nursing-home care;
* intercurrent illness;
* low-vision aids
* medical assistive devices and supplies;
* nursing-home care;
* occupational therapy;
* orthoses and prostheses (see also FES devices, above);
* osteomyelitis;
* outpatient services;
* pain treatment;
* physical therapy;
* prescription drugs and medical supplies;
* procedures for pregnant customers;
* severe (morbid) obesity surgery;
* post bariatric surgery case management;
* speech therapy and speech training;
* spinal cord stimulator or dorsal column stimulator;
* weight loss programs;
* wheelchairs; and
* wound care.

These services or procedures are purchased when it is likely that they will enhance a customer's employability or capability to perform activities of daily living that will facilitate employment.

VR is the payer of last resort.

[Comparable benefits (B-310-5)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-5) and required [customer participation in cost of services (B-310-6)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-6) must be applied before VR funds are expended.

Because VR uses tax revenue for case service expenditures, the division must purchase the least expensive services that meet the customer's vocational needs. For more information, see the requirements in [D-203-2: Best Value Purchasing](https://twc.texas.gov/vr-services-manual/vrsm-d-200%22%20%5Cl%20%22d203-1).

With respect to VR's responsibility for payment, after the customer's primary and/or secondary benefit coverage has been applied and the customer's ability to pay has been determined, VR may pay to the provider an amount equal to the customer's co-payment, coinsurance or deductible due. VR payment does not exceed the insurance allowed amount or the allowable VR rate or VR contract rate, whichever is less.

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### C-703-13: Eyeglasses and Contact Lenses

To purchase single vision, bifocal, or trifocal glasses or contact lenses, the counselor obtains a prescription from an ophthalmologist or optometrist.

Frames must be the least expensive serviceable type available. The customer may supplement the additional cost for frames if their cost exceeds the MAPS maximum.

Lenses may have tint and/or be impact resistant only when specified in the prescription.

Glasses may be purchased if needed to complete diagnostic studies.

Before purchasing contact lenses, the VR counselor:

* compares the cost of contact lenses with the cost of glasses; and
* applies best-value principles.

Note: Irlen lenses are not an approved purchase at this time.

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### C-703-24: Prescription Drugs and Medical Supplies

VR purchases medication that is prescribed to treat a specific diagnosis or condition for no more than three months. For any additional medication purchases an approval of the VR Supervisor must be entered into RHW. VR is the payer of last resort.

If eye surgery and/or treatment prescription coverage exceeds a three-month time frame, see C-703-36: Eye Surgery and Treatment for Eye Conditions for more guidance.

[Comparable benefits (B-310-5)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-5) and required [customer participation in cost of services (B-310-6)](https://twc.texas.gov/vr-services-manual/vrsm-b-300#b310-6) must be applied before VR funds are expended.

Because VR uses tax revenue for case service expenditures, the division must purchase the least expensive services that meet the customer's vocational needs. For more information, see the requirements in [D-203-2: Best Value Purchasing](https://twc.texas.gov/vr-services-manual/vrsm-d-200%22%20%5Cl%20%22d203-1).

Customers must be referred to a comparable benefit program that includes prescription assistance at the time the purchase of the prescription is authorized.

Documentation of the referral must be included in the case file.

The customer's status and progress towards accessing comparable benefits to meet ongoing medication needs must be monitored.

When a customer is discharged from a medical rehabilitation facility or hospital that has an in-house pharmacy, VR may pay for a 30-day supply of the prescription drugs and medical supplies provided to the customer.

The purchase of prescription medication to treat a specific condition for longer than three months requires VR Supervisor approval.

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### C-703-26: Rehabilitative Therapies

Rehabilitative therapies are physical restoration services that may be provided as a primary service or following other physical restoration services, such as surgery or injections.

To purchase a rehabilitative therapy, the VR counselor:

* obtains a prescription from the treating physician;
* provides the therapist with the vocational goal;
* monitors the customer's attendance and compliance with therapy; and
* assesses the functional improvement for the customer at the completion of the prescribed period of therapy.

If an extension of treatment is requested, the VR counselor:

* assesses and documents the customer's progress to date and potential for continued progress;
* documents how the additional requested therapy sessions are expected to contribute to achieving the employment goal; and
* obtains VR Supervisor approval for therapy exceeding 30 sessions or charges exceeding four units per session

Note: The 30-session limit for the life of the case applies to each individual therapy and not a combined number of therapies.

#### Outpatient Services

Outpatient services may include:

* physician visits; and
* nutritional services, when prescribed by a physician.

If the service provider requests an extension of treatment beyond the initial recommendation, the VR counselor assesses the customer's potential for continued progress. The assessment might involve reviewing treatment progress notes and/or contacting the physician, LMC, and/or provider. If continuing treatment is appropriate, the VR counselor:

* documents in the case file how continued services are expected to contribute to achieving the employment goal;
* may approve up to 30 visits or therapy sessions; and
* obtains the VR Supervisor's approval for extending treatment beyond 30 visits or therapy sessions.

#### Physical Therapy

Physical therapy is used to improve coordination, strength, and range of motion. This type of therapy:

* may be provided as work hardening and conditioning;
* is provided in 15-minute units of service (Multiple units make up one session.); and
* must be provided by a licensed physical therapist.

Note: A licensed physical therapist must evaluate the customer and develop the treatment plan. However, a licensed physical therapy assistant may work with a customer under the supervision of a licensed physical therapist.

#### Occupational Therapy

Occupational therapy improves the ability to perform activities of daily living, independent living, and work to achieve the goals of the IPE. This type of therapy:

* is provided in 15-minute units of service;
* has a single session comprising multiple units; and
* must be provided by a licensed occupational therapist.

Note: A licensed occupational therapist must evaluate the customer and develop the treatment plan; however, a licensed occupational therapy assistant may work with a customer under the supervision of a licensed occupational therapist.

#### Speech Therapy

Speech therapy improves expressive and receptive speech, auditory processing, and evaluation and training in the use of speech amplification devices. Speech therapy:

* is provided as one unit of the service per session (No time limit exists for a session.); and
* must be provided by a licensed speech and language pathologist.

#### Cognitive Therapy

Cognitive therapy improves memory, attention, social interaction, executive functions, visuospatial deficits, aphasia, and apraxia. Each therapy bills separately. Cognitive therapy must be provided by the following licensed providers:

* licensed psychiatrist or neuropsychiatrist;
* licensed psychologist or neuropsychologist;
* licensed occupational therapist; and/or
* licensed speech and language pathologist.

#### Vision Therapy

For more information on vision therapy, refer to C-703-36: Eye Surgery and Treatment for Eye Conditions.

### C-703-27: Surgery for Morbid Obesity

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### C-703-36: Eye Surgery and Treatment for Eye Conditions

The purpose of eye medical services is to assist eligible VR customers with a visual impairment to prevent the onset of legal blindness or make an improvement in their visual impairment, and to allow them to maintain or seek employment and remain independent in their jobs.

Federal law requires that medical services (including corrective surgery or treatment) that are sponsored or supported by VR services must:

* have a direct effect on the customer's functional ability to perform the employment goal, or support other needed VR services; and
* be likely, within a reasonable period, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment.

34 CFR 361.5(39)(i)

For more information, refer to [C-701: Professional Medical Services](https://twc.texas.gov/vr-services-manual/vrsm-c-700%22%20%5Cl%20%22c701).

#### Eye Surgery Process

Before moving forward in completing the IPE and/or amending the IPE, and authorizing eye medical services, the VR counselor must:

* document how the customer’s substantial impediment to employment will be addressed by the proposed eye surgery or treatment in a ReHabWorks (RHW) case note;
* obtain a written recommendation for planned eye medical services with current (within six months) procedural terminology codes from the surgeon or physician for the recommended procedures using the VR3109, Eye Surgery and Treatment Recommendation form;
* have appropriate reviews or approvals required, completed, and documented in RHW (if applicable); and
* determine whether the eye surgery or treatment will be coordinated by a unit VR team or the medical services coordinator (MSC).

After the completion of the above, the VR counselor must place the appropriate eye medical services on the IPE/IPE amendment before the eye medical services are completed.

The surgeon or physician must complete all relevant areas of the VR3109, Eye Surgery and Treatment Recommendation form that are relevant to the customer’s eye condition. If information is missing, VR staff must return the form to the surgeon or physician for completion.

#### Local Medical Consultant Reviews for Eye Treatment and/or Eye Surgeries

Due to the nature of eye surgeries and treatments being low-risk procedures and to create more efficient and timely services for customers, a local medical consultant review is not required for eye surgeries or treatments. For more information, refer to C-701-2: Medical Services Required Review and Approvals Policy.

#### State Consultant Reviews or Consultations for Eye Treatment and/or Eye Surgeries

TWC’s state ophthalmological consultant and state optometric consultant are available to address and answer questions pertaining to their respective eye specialties. State consultants do not address internal VR policy issues such as eligibility determinations for VR services. VR policy questions must always be directed to the appropriate supervisory or management channels.

For more information, refer to [C-701-2: Medical Services Required Review and Approvals Policy](https://twc.texas.gov/vr-services-manual/vrsm-c-700%22%20%5Cl%20%22c701-2) and [B-101-7: Consultants](https://twc.texas.gov/vr-services-manual/vrsm-b-100%22%20%5Cl%20%22b101-7).

#### Determining Whether a State Consultant Review Is Needed

Before writing the IPE/IPE amendment and any time during the case progress, theVR counselor may choose to consult the state optometric consultant or the state ophthalmological consultant with questions. The VR counselor must use the VR2351 Request for MAPS Consultation (put link here). The VR counselor completes the VR2351 with relevant questions for the state consultant and sends all relevant medical records and documents that have been gathered.

State consultant reviews or consultations may be requested by the VR counselor if there are:

* conflicting or unclear eye medical records or documents;
* questions on recurring eye medical treatments;
* procedures not listed in MAPS;
* questions on requests from medical providers for a higher than normal cost; or
* requests for fees that exceed MAPS fees.

#### State Consultant Approval for Eye Conditions

The approval table below provides guidance on when a state ophthalmological consultant review is required:

| **Eye Condition** | **State** **Ophthalmological Consultant Review Required** |
| --- | --- |
| Any surgery | If more than one surgeon is recommended on any procedure |
| Cataracts  | If, more than two per eye, past cataract surgeries have occurredIf any lens other than a standard intraocular lens is recommended |
| Corneal Transplant | No  |
| Diabetic Retinopathy | No |
| Glaucoma (mild/moderate) | No  |
| Glaucoma (advanced) | Review after 12 injections per eye |
| Keratoconus (not severe) | No  |
| Keratoconus (severe) | If cross-linking is recommended |
| Macular Degeneration (Wet or Dry) | If injection cost is more than $300  |
| Ocular Prosthesis Replacement | No |
| Retinal Detachment | No |

For additional approvals and consultation guidance, refer to VRSM E-200: Summary Table of Approvals, Consultations, and Notifications.

For more detailed information on common eye conditions, treatments, or surgery, refer to the [Counselor Desk Reference (CDR), C2: Blind and Visual Impairments](https://intra.twc.texas.gov/intranet/vrs/cdr/cdr-c2-blind-visual-impairments.docx).

#### Steps to Completing a State Ophthalmological or State Optometric Consultant Review

If a state consultant review is requested or required, VR staff must submit an email request to:

* vr.mapsinquiry\_blindservices@twc.state.tx.us; and
* include in the subject line: State Consultant Review and Case ID number.

VR staff must include the following in the email:

* Purpose of the request
* Customer’s case ID
* Pertinent medical records
* VR3109, Eye Surgery and Treatment Recommendation form (if completed)
* VR2006E, Interagency Eye Examination Report (if completed)

The Eye Medical Surgery Review Checklist is available and may be used as a guide of what must be included in the email.

VR staff documents the outcome of the state consultant review in a case note in RHW using the drop-down case note title of Consultation/Review, Add to Topic: Eye Medical.

#### State Office Program Specialist Staffing

Eye surgeries with complex procedures may need more consultation by state office. State office program specialists are available if VR staff that have questions that can not be answered by regional staff.

VR staff contacts the state office program specialist for blind services if the counselor has:

* questions regarding a need for an eye surgery;
* questions regarding the eye surgery process; or
* questions in general regarding blind services policy and procedure.

VR staff sends emails to BVI\_staffing@twc.state.tx.us with the subject line: Staffing Request and Case ID number.

VR staff contacts the state office program specialist for physical restoration at vr.mapsinquiry\_blindservices@twc.state.tx.us with the subject line “MAPS Request and Case ID number” if:

* codes are not listed in MAPS;
* the code is listed as $0; or
* codes end in "99" or the letter "T."

VR staff members must copy their immediate supervisor on all consultation requests. Refer to VRSM E-200: Summary Table of Approvals, Consultations, and Notifications for more information.

#### Eye Prescriptions

Eye drops are prescribed by a physician for pre– and post–eye surgeries and to also assist in controlling an eye condition so that vision does not worsen. For most eye surgeries, eye drops are not used for more than a month with an exception being steroid drops for corneal transplants.

Some eye conditions are temporary, and in most cases eye drops will resolve the issue quickly. Some eye conditions could be eye infections, eye inflammation, or treat the eye pre- and post-surgery. Other eye conditions, such as glaucoma, are chronic and may require prescription eye drops for a period longer than three months.

For any eye drops that a physician is recommending for treatment that exceeds a three-month time frame, VR Supervisor approval is required.

For more information, refer to C-703-24: Prescription Drugs and Medical Supplies and E-200: Summary Table of Approvals, Consultations, and Notifications.

#### Injections

Certain retinal treatments are treated successfully using intravitreal injections. Injections are used most commonly to treat diabetic eye disease, macular degeneration, and retinal vein occlusion. Injections are conducted in the physician’s office using local anesthesia and may be coordinated by the VR Counselor/Rehabilitation Assistant (RA) team.

Customers may legitimately need continued injections to maintain their vision. Injections decrease the possibility of permanent vision loss, so maintaining a regular schedule of treatment to suppress the disease is critically important for maintaining long-term good vision. Once a customer is stabilized, a scheduled treatment plan may be implemented. Most commonly, an average of 12 injections may be needed to stabilize an eye condition. After 12 injections are completed, a state ophthalmological consultant review is required to reassess the customer’s eye treatment.

For more information, refer to the State Consultant Approval Table.

#### Documenting Injections

The VR counselor must have regular counseling and guidance with the customer regarding applying for comparable benefits and payment options since the customer may need continued injections to maintain his or her eye health indefinitely. VR staff must enter case notes in RHW to document the effect and improvement of the customer’s progress with the injections.

#### Exemption from MSC Coordination of Eye Surgery/Treatment

If the recommended surgery or procedure will be conducted in a physician’s office or ambulatory surgical center with local anesthesia, it is exempt from MSC coordination. The VR counselor/RA team may coordinate these medical services at the local office level. A case note entered into RHW must clearly document the appropriateness of the VR counselor/RA team coordinating the eye medical service. All corresponding medical records and/or evaluations must be placed in the paper case file.

The VR counselor/RA team may coordinate and process eye medical services that are not considered a surgical procedure.

If the surgery or treatment is required to be sent to the regional MSC, frequent communication between the MSC and VR counselor/RA team is advised.

Follow guidance in C-701-3: Coordinating with the Medical Services Coordinator.

#### Discharge Procedure for Eye Surgeries

Because most eye surgeries and treatments are performed in a physician’s office, eye surgeries are exempt from the requirement to contact the customer at discharge. The VR counselor must contact the customer as soon as possible to provide counseling and guidance and to get an update on the procedure. The VR counselor then documents the conversation in RHW.

#### Corneal Transplants

Corneal transplant, also called a keratoplasty, is a surgical procedure in which the corneal tissue is replaced with donor tissue. Most of the time, corneal transplants are conducted as an outpatient procedure under local anesthesia. If this is the case, the VR counselor/RA team completes the following steps:

#### Corneal Transplant Process

1. Contact the facility to determine which eye bank the facility will use.
2. Call the eye bank directly to request a copy of the invoice as soon as it becomes available. The eye bank invoice is required before a service authorization is issued.
3. The invoice amount is typically set at zero since the authorized payment varies depending on the source of the tissue. Payment for the donor tissue is based on the eye bank's invoiced amount. VR does not pay for shipping, handling, or other processing fees.
4. VR staff must obtain a copy of the original eye bank invoice. Do not pay from the hospital or facility invoice. Retain the invoice in the customer’s case file. The service record and service authorization for a MAPS purchase must be completed once the service is approved but before the service is ordered. The service authorization must only be completed once the actual eye bank invoice is received.

The invoice from the eye bank will not be received until immediately before the service. This delay occurs because corneal tissue is only shipped to the facility immediately before the surgery. The eye bank cannot ship the donor tissue until the last minute and there is no way of knowing the actual cost until the tissue is available and ready to be shipped.

It is necessary for VR staff to work closely with the eye bank in advance of the planned surgery to ensure the invoice is received as soon as possible. Typically, VR staff receives the invoice the day before the scheduled surgical procedure.

1. Once the eye bank invoice is received, send an email to vr.mapsinquiry\_blindservices@twc.state.tx.us to request to open V2785 in the amount shown on the invoice. The email must confirm that the requested amount does not include shipping, handling, or other fees.

For example: Please open V2785 in the amount of $xxx. This amount is the eye bank invoice amount without shipping or handling.

1. A medical services team member will open V2785 in the requested amount. You will be notified when the MAPS code has been opened.
2. Complete the service record and service authorization.
3. Required documentation must be completed in RHW before changing the amount requested.

#### Codes for a Corneal Transplant Procedure

* Keratoplasty lamellar (CPT 65710)
* Keratoplasty penetrating (CPT 65730)
* Keratoplasty penetrating in aphakia (CPT 65750)
* Keratoplasty penetrating in pseudophakia (CPT 65755)
* Keratoplasty (corneal transplant) endothelial (CPT 65756)
* Tissue code for facility (FAC 67530)
* Donor tissue (V2785)
* Backbench preparation of corneal endothelial allograft prior to transplantation (+ 65757)

Add-on codes apply to work that is always conducted in conjunction with a primary procedure. VR staff cannot bill for CPT code 65757 unless VR staff also bills for CPT code 65756.

For more information on corneal transplants, refer to [CDR C2: Blind and Visual Impairments](https://intra.twc.texas.gov/intranet/vrs/cdr/cdr-c2-blind-visual-impairments.docx).

### Vision Therapy

If vision therapy is recommended, approval from the state optometric consultant is required.

The VR counselor must include the following in the approval request:

* Completed VR2351, Request for MAPS Consultation
* General medical and ophthalmological and/or optometric exams, and other relevant reports
* VR counselor observations of and knowledge about the customer's visual and perceptual difficulties
* Name and telephone number of a potential service provider, if known

VR staff then emails all the requests to vr.mapsinquiry\_blindservices@twc.state.tx and adds “Vision Therapy Approval” to the subject line.

For more information on vision therapy, refer to C-703-26 Rehabilitative Therapies and [CDR C2: Blind and Visual Impairments](https://intra.twc.texas.gov/intranet/vrs/cdr/cdr-c2-blind-visual-impairments.docx).