Department of Social and Health Services

Community Services Division

Social Services Manual

Revision:	# 132
Category:	**Medical Evidence Reimbursements**
Issued:	October 31st, 2016
Revision Author:	Nicholas Swiatkowski
Division	CSD
Mail Stop	45440
Phone	360-725-4638
Email	nicholas.swiatkowski@dshs.wa.gov

Summary

Revised and updated the entirety of this page for accuracy. Removed the Medical Evidence to Support SSI Applications section of this page and provided link to the new location under SSI Facilitation.

****

Medical Evidence Requirements and Reimbursements

~~**Created**~~ **Revised** **on:**
~~**Aug 04 2015**~~**September 30th, 2016**

Purpose:

This section details ABD program medical evidence requirements and reimbursement rates. ~~See WFHB 3.7.1.6 for information regarding reimbursement for medical evidence associated with TANF/SFA ineligible parent time limit extensions.~~

Clarifying Information

~~**NOTE:** Providers need to be enrolled with ProviderOne to claim and receive payment for Incapacity Evaluation services. Refer all medical providers to the ProviderOne billing system for claims with dates of~~

~~service **after** 11/01/2015. Use the Social Service Payment System (SSPS) to reimburse for medical evidence with dates of service **before** 11/01/2015.~~

~~We will continue to use SSPS to reimburse for Medical Records (copies) and SSI Medical Evidence Transportation costs after 11/01/2015.~~

~~Medical evidence reimbursements~~Reimbursements described in this ~~chapter~~ section are solely to pay the fees necessary to obtain objective medical evidence of an impairment that limits work activity. We do not pay for medical evidence to evaluate medical conditions that are not claimed or unlikely to impair work functions.

If a person meets all of the non-disability eligibility requirements listed in WAC 388-400-0060, we reimburse for the costs of obtaining the objective evidence necessary to determine disability based on our published fee schedules.

1. Clients must appear to be financially eligible for ABD cash before we authorize an evaluation or payment.

——Request medical records if available before authorizing new evaluations or services.

~~1.~~2.

~~2.~~ Payments do not apply to services authorized ~~-~~by the ~~DDDS (~~Division of Disability Determination Services (DDDS)~~)~~ or medical examinations or reports required by court order or treatment placement.

3.

4. Payments for medical evidence related to TANF cases are authorized in eJAS as Support Services ~~support servicessupport services~~ -(WorkFirst Handbook 2.2).

——See WorkFirst HandBook 3.7.1.6 for information regarding reimbursement for medical evidence associated with TANF/SFA ineligible parent time limit extensions.

~~3.~~5.

~~4.1. Request medical records if available before authorizing new evaluations or services.~~

~~How to Decide What~~What is "Current" Medical Evidence~~?~~ ~~Is Needed~~

1. **Initial decision:** Current medical evidence for an initial decision must be based on an examination or findings from within 90 days of the date of application. Only request new medical evidence when available evidence is either older than 90 days or insufficient to determine disability.
    a. Document the reason(s) for obtaining new medical evidence.
    b. For the purposes of establishing a diagnosis, m~~M~~edical evidence greater than 90 days old from the date of application is acceptable when it is:
        i. A report within the past 5 years that includes a diagnosis of a potentially disabling condition based on an examination by an acceptable medical source, defined in WAC 388-449-0010~~, within the last 5 years~~;~~.~~
        ii. Intelligence testing scores from a Wechsler Adult Intelligence Scale (WAIS - III or IV editions) administered after age 18**; or**~~;~~
        iii. A diagnostic imaging report such as an X-ray or MRI, when referenced in an examination performed within 90 days of application.
2. **Review decision:** Current medical evidence for a review decision~~s~~ must be based on an examination or findings from within the past **45 days**.

a. If the client has seen ~~his or her~~a medical provider within the past 45 days ~~and medical records are not sufficient to determine disability~~, request a report from records rather than authorizing a new evaluation whenever possible.~~.~~
b. If existing available medical records are not sufficient to determine disability, c~~C~~learly document the reason for obtaining any new testing or evaluations at review.

Medical Evaluations and~~/ Procedures~~ Testing

1. **General physical evaluation:** A general physical evaluation should contain all of the following information:
    a. The c~~C~~hief complaint ~~or reason for the visit~~and symptoms reported by the client;~~.~~
    b. Medical history including onset date and treatment history;~~.~~
    c. Physical examination findings including but not limited to: ~~cluding~~ vital signs, observations, a description of any abnormal findings, and range of motion (when ~~if~~ appropriate);
    ~~c. .~~
    d. Results of diagnostic testing and imaging (e.g. labs, X-rays, pulmonary function tests, etc.);~~.~~
    e. A d~~D~~iagnosis and ~~and~~ International Classification of Diseases (ICD) code for any impairment that affects work activity and is supported by objective findings;~~.~~
    ~~f. History of drug or alcohol use or abuse.~~
    f. A d~~D~~escription of how the medical condition ~~affects~~ impacts the client's ~~person's~~ overall ability to perform basic work-related activities;~~.~~
    g. A description of any non-exertional limitations which may include workplace restrictions;
    h. A p~~P~~rognosis including an estimate of how long the functional impairment will persist at the current ~~, or a higher,~~ level of severity;
    i. Current or past drug or alcohol use or abuse;~~.~~
    ~~h.~~j. An opinion whether current impairments which limit work activity are primarily the result of alcohol or drug use within the past 60 days;
    ~~i.~~k. Recommendations ~~-~~for additional testing or consultation;~~.~~
    ~~j.~~l. Treatment recommendations;~~.~~
    ~~k.~~m. The n~~N~~ame, title and signature of the person performing the ~~service~~evaluation;~~.~~
    ~~l.~~n. The d~~D~~ate of service; **and**~~.~~
    ~~m.~~o. Copies of all available chart notes, hospital discharge summaries, diagnostic reports, and other medical records from the past six months.
2. **Comprehensive physical evaluation (e.g. orthopedic, neurological):** A comprehensive physical evaluation contains all of the information listed under the general physical evaluation section above, in addition to:

    a. Progression of symptoms such as motor loss, sensory loss, or mental restrictions;
    b. Description of any restrictions on personal care or daily activities caused by the condition; **and**
    c. Copies of clinic records.

3. **Psychological and psychiatric evaluation:**
    a. ~~The~~ A **Psychological evaluation** is a diagnostic interview, including an MSE (mental status exam) and an assessment of daily living skills conducted by a licensed psychologist.
    b. A ~~The~~ **Psychiatric evaluation** is a diagnostic interview, including an MSE (mental status exam) and an assessment of daily living skills conducted by a licensed psychiatrist.
    c. Both evaluation types result in a written report that must include:

i. The c~~C~~hief complaint or the impairment/symptoms claimed by the client;
ii. Psychosocial history including onset date and treatment history;
iii. Educational and work history;
iv. Any past or present drug or alcohol use or abuse, including treatment history;
v. A description of the client's activities of daily living;
~~i.~~vi. A list of all mental health symptoms that impact the client's ability to work, including a description of the severity and frequency of those symptoms;
vii. A d~~D~~iagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM), or lack thereof, of any impairment that impacts work activity and is supported by objective findings;
viii. A description of how the medical condition impacts the person's overall ability to perform basic work-related activities
~~ii.~~ix. An opinion whether any current impairments which limit work activity are primarily the result of alcohol or drug use within the past 60 days;
x. A prognosis including an estimate of how long any functional impairment will persist at the current level of severity;
~~iii.~~ An opinion of the client's ~~History of past and present illness;~~
~~c. Prognosis;~~
~~v. Mental Status Exam;~~
xi. c~~C~~apacity to manage funds;
xii. Treatment recommendations;
xiii. The name, title, and signature of the person performing the evaluation; **and**
~~vi.~~xiv. The date of service.
~~**vii. Functional Information; and**~~
~~**viii. Medical source statement, indicating what the client can do despite the impairment.**~~

4. **Psychological diagnostic testing** is only reimbursed when necessary to establish a diagnosis or the severity of a mental health impairment. Psychological diagnostic testing is limited to the following: ~~and is limited to the following:~~

    a. Evaluation of ~~potential personality disorders and general mental~~personality disorders:
        i. MMPI-II: Minnesota Multiphasic Personality Inventory
        ii. PAI-II: Personality Assessment Inventory
    b. Evaluation of depression:
        i. BDI-II: Beck Depression Inventory
        ii. HAM-D: Hamilton Rating Scale for Depression
    c. Evaluation of anxiety:
        i. BAI: Beck Anxiety Inventory
        ii. HAM-A: Hamilton Rating Scale for Anxiety
    d. Evaluation of a potential cognitive disorder:
        i. WAIS-III or WAIS IV: Wechsler Adult Intelligence Scale ~~(IQ)~~
        ii. WMS-III: Wechsler Memory Scale
        iii. TONI-4: Test of Nonverbal Intelligence, Fourth Edition
        iv. Trails: Trail Making Test Parts A and B
    e. Evaluation of potential memory malingering:
        i. REY 15-Item Memory Test
        ii. TOMM: Test of Memory Malingering
    f. Evaluation of potential psychiatric illness malingering
        i. M-FAST: Miller Forensic Assessment of Symptoms Test
        ii. SIRS: Structured Interview of Reported Symptoms

Subtest scores, statistical scores, and a narrative summary of all tests must be included. Please see Mental Incapacity Evaluation Services: Fee Schedule for limitations on testing reimbursements and additional details.

NOTE: The examining psychologist or psychiatrist determines which of the listed tests are clinically appropriate and must clearly document in the evaluation report why each test is performed.

Mental Health Professional (MHP)~~:~~

1. MHP reports may only be used as medical evidence for the purposes of determining incapacity for the HEN Referral program.
2. MHP reports may be used as *other evidence* to help determine severity and functional capacity for the purposes of an ABD disability determination, only after a diagnosis has been established by an *acceptable medical source* and ~~we have obtained~~ a current assessment of functioning has been obtained from a doctor or other *treating medical source* listed in WAC 388-449-0010.
3. No reimbursement, other than copy fees, shall be authorized for MHP reports.

~~Medical Evidence to Support SSI Applications:~~

~~Special report for SSI Hearing Purposes:~~

~~This is medical evidence given by a medical provider to be used at an administrative hearing when a client is involved in the Social Security disability determination appeal process. These reports are a supplement to medical evidence already obtained by the Department and the consulting exams obtained by DDDS. This service must be pre-approved by the SSI Facilitator. Use this service description when requesting an expenditure approval to pay for the provider's time when either:~~

~~1. The medical provider provides verbal information to the attorney, followed by a written report; or~~
~~2. The medical provider appears at an administrative hearing to offer testimony in person.~~

~~Medical providers must be enrolled in ProviderOne to claim reimbursement for these services. The provider must send you a detailed invoice including the service description and the amount of time spent providing the service. See the Medical Evidence Fee Schedules section for payment details.~~

~~Medical evidence at the SSI Initial, Reconsideration, or Hearing Level:~~

~~When an additional evaluation or testing is necessary to support an SSI application at any level of the application process, **and** DDDS will not pay per their policy, use the following procedures:~~

~~1. If there is a **new** potentially disabling condition, conduct an early ABD Disability Review. Generate a referral in ICMS using the appropriate DSHS 14-150 to authorize payment according to the medical evidence fee schedule.~~
~~2. If this **isn't a new** condition, or if payment for medical evidence is outside of the medical evidence fee schedule, submit a request for expenditure approval:~~
   ~~a. Complete the DSHS 17-118 Request for Expenditure Approval.~~
   ~~b. List the medical evidence being requested and the credentials of provider (e.g. physician, psychologist, psychiatrist, neurologist, etc).~~
   ~~c. Explain why the evaluation or testing is necessary.~~
   ~~d. If a SSI application was denied, list the reason for the denial.~~
   ~~e. Explain why DDDS will not pay for the evaluation or testing.~~

~~The 17-118 is then sent to Robert Bouick. If you obtain approval from CSD Headquarters to exceed the allowable maximum, you must clearly document the approval in the case record. CSD Headquarters will authorize the provider to submit a claim using the ProviderOne billing system.~~

~~**EXAMPLE** An ABD cash recipient with a mental illness has missed multiple DDDS consultative exams despite coordination with DDDS to arrange transportation. DDDS has refused to schedule another consultative examination. Submit an expenditure request for an evaluation that meets DDDS consultative examination criteria.~~

ProviderOne and the Social Service Payment System (SSPS)

NOTE: Providers must be enrolled with ProviderOne to claim and receive payment for Incapacity Evaluation services. Refer all medical providers to the ProviderOne billing system for claims with dates of service **after** 11/01/2015.

~~**NOTE:** Providers need to be enrolled with ProviderOne to claim and receive payment for Incapacity Evaluation services. Refer all medical providers to the ProviderOne billing system for claims with dates of service **after** 11/01/2015. Use SSPS to reimburse for medical evidence with dates of service **before** 11/01/2015.~~

~~We will continue to use SSPS to reimburse for Medical Records (copies) and SSI Medical Evidence Transportation costs after 11/01/2015.~~

Use the Social Service Payment System (SSPS) to reimburse for medical evidence with dates of service **before** 11/01/2015.

NOTE: Continue to use SSPS to reimburse for Medical Records (copies), SSI Medical Evidence Transportation costs, and Medical Evidence to Support SSI Applications (approved through the Barcode ETR process).

Most services provided before 11/01/2015 are paid using SSPS Service Code 6220. Refer to SSPS Manual Appendix H for details regarding available Service Codes and how to use them.

Pay either the provider's usual and customary fee or the maximum payment, *whichever is less*. Refer to the Medical Evidence Fee Schedules section for maximum payment amounts.

~~**NOTE:** Please remember to use SSPS to reimburse the cost of Medical Records (copies) according to the posted fee schedule.~~

ABD/HEN Referral Payment Review Request

The Payment Review Request (PRR) tool in ICMS can be used to identify and report psychological and physical functional evaluations that lack elements required by ABD/HEN Referral program rules, and are in need of further review. Please visit the ABD/HEN Referral Payment Review Request section of the CSD Procedure Handbook for additional information.

NOTE: Social Service staff must first attempt to obtain missing information by contacting the medical provider by phone, FAX, or by mail **before** initiating the PRR tool. Be sure to document the attempt in ICMS case notes.

- Medical Evaluations and Diagnostic Procedures
- Mental Incapacity Evaluation Services

- Medical Records
- ~~Medical Evidence to Support SSI Applications~~