# TABLE OF CONTENTS

## Introduction ................................................................................................... i

- Vendor/Provider Requirements ........................................................................ i
- DVR Vendor Code of Ethics ............................................................................. ii
- “Usual and Customary” Guidance .................................................................. iii

## Overview of Vocational Services and Goods .................................................... v

- CPT Codes...................................................................................................... v
- Monthly Payment Rates ................................................................................ v
- Hourly Payment Rates ................................................................................... vi
- Rate Adjustments for Service Settings ............................................................ vi
- Facility Settings ............................................................................................ vi
- Community Settings ..................................................................................... vi

## State Ownership of Equipment, Tools, and Other Non-Prescription Goods: ..... vi

## Worker’s Compensation ................................................................................ vi

## Fiscal Procedures for Service Providers/Vendors ............................................. vii

- Invoices ......................................................................................................... vii
- Cancellation Fees for Services ....................................................................... vii
- Provider Travel Time .................................................................................... vii
- Community-Based Site Set Up ....................................................................... viii
- Payment to Employers for Use of Their Work Site/Location .......................... viii

## PERA Retirees Working as Contracted Service Providers for DVR ..................... viii

## Provider Agreement ..................................................................................... x

## Chapter 1: Medical and Psychological Goods and Services ............................... 1

- Least Possible Cost........................................................................................ 1
- Establishment of Allowable Fees ................................................................... 1

  - “Relative Values for Physicians” (RVP) Manual ........................................ 1
  - RVP Conversion Factors for Medical Treatment Procedures .................. 2
  - Fee Adjustment for Unusual Circumstances ............................................. 2
  - Fee Adjustments for Type of Provider .................................................. 2

## Medical Diagnostic and Evaluation Services .................................................. 5

- Physical Diagnostic and Evaluation Services ............................................. 5
- Psychological (Psychiatric, Neurofunctional, and Psychological) Diagnostic and Evaluation Services .......................................................... 6
Medical Restoration Services ................................................................. 7
  Physical Restoration Procedures ........................................................... 7
Physical Medicine Restoration Services .................................................. 9
Psychological (Including Psychiatric and Neurofunctional) Restoration Services. 10
Other Fees ............................................................................................. 13
  Cancellation Fee .................................................................................. 13
  Provider Travel Time ........................................................................... 13
  Medical, Dental or Psychological Report from File Fee ......................... 13
  Out-of-State Medical Treatment .......................................................... 14
Billing and Report Requirements ............................................................. 14
Chapter 2: Medical Treatment Facility Services ........................................... 16
  Requirements ....................................................................................... 16
  Medical Treatment Facility Rates ........................................................ 16
    In-State Inpatient Services ................................................................. 16
  Extended Care Facility ......................................................................... 17
  In-State Outpatient Services ............................................................... 17
  Out-of-State Medical Facility Services ................................................ 19
  Billing .................................................................................................. 19
Chapter 3: Medical Supplies and Equipment ............................................... 21
  Medical Supplies ................................................................................ 21
  Durable Medical Equipment ............................................................... 21
  Rental and Repair of Durable Medical Equipment ............................... 21
Chapter 4: Drugs and Medications ............................................................. 22
  Requirements ....................................................................................... 22
  Comparable Benefit ............................................................................ 22
  Rates of Payment ................................................................................. 22
  Oral Medication ................................................................................... 22
  Injections ............................................................................................. 22
  Controlled Substances ........................................................................ 22
Chapter 5: Prosthetic Services ................................................................. 24
  Requirements ....................................................................................... 24
  Visual Prosthetic Devices .................................................................... 24
  Corrective Lenses ............................................................................... 24
  Eyeglasses ......................................................................................... 24
<table>
<thead>
<tr>
<th>Chapter 6: Dental Restoration Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements ........................... 31</td>
</tr>
<tr>
<td>Diagnostic Dental Services .......... 31</td>
</tr>
<tr>
<td>Dental Consultation .................. 31</td>
</tr>
<tr>
<td>Dental Treatment Services .......... 31</td>
</tr>
<tr>
<td>Orthodontic Treatment Services ...... 31</td>
</tr>
<tr>
<td>Dental X-Rays or Lab Required for Restoration 31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 7: Non-Medical Assessment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Evaluation ....................... 33</td>
</tr>
<tr>
<td>Standardized Vocational Evaluation .... 33</td>
</tr>
<tr>
<td>Situational Assessment (SA) ............. 33</td>
</tr>
<tr>
<td>Job Site Evaluation ........................ 34</td>
</tr>
<tr>
<td>Farm/Ranch Evaluation .................... 35</td>
</tr>
<tr>
<td>Payment to Employers for Use of a Work Site/Location 35</td>
</tr>
<tr>
<td>Community-Based Site Set Up .......... 35</td>
</tr>
<tr>
<td>Personal Adjustment Evaluation ........ 35</td>
</tr>
<tr>
<td>Orientation &amp; Mobility Evaluation .... 37</td>
</tr>
<tr>
<td>Rehabilitation/Assistive Technology Evaluation 37</td>
</tr>
<tr>
<td>Adaptive/Specialized Driving Evaluation 38</td>
</tr>
<tr>
<td>Occupational Testing and Exams .......... 38</td>
</tr>
<tr>
<td>Requests for Background Checks, Transcripts, and Vocational Reports 38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 8: Training Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Site Set-Up Fee 40</td>
</tr>
<tr>
<td>Payment to Employer for Use of a Work Site/Location 40</td>
</tr>
<tr>
<td>Assistive Technology .......... 40</td>
</tr>
<tr>
<td>Adjustment Training .......... 40</td>
</tr>
<tr>
<td>Work Adjustment Training (WAT) 40</td>
</tr>
</tbody>
</table>
Table of Contents

Personal Adjustment Training (PAT) ................................................................. 41
Orientation & Mobility Training ........................................................................ 43
Communication Skills Training ........................................................................ 43
Cognitive/Learning Disabilities Training ......................................................... 43
On-the-Job Training ......................................................................................... 43
Paid Work Experience ..................................................................................... 44
  Purchasing Procedures ................................................................................. 45
Vocational Training .......................................................................................... 45
  Trade, Business and Vocational Schools ..................................................... 45
  Colorado Colleges and Universities, Non-Degree ........................................ 45
  Private and Out-of-State Colleges and Universities, Non-Degree ............... 46
  Out-of-State Public Colleges and Universities ............................................ 46
  Private Colleges and Universities ............................................................... 46
  Correspondence Schools .............................................................................. 46
  Books, Supplies, & Other Training Materials .............................................. 46
  Non-Adaptive Training Equipment ............................................................. 46
  Tutorial Services ........................................................................................... 46
Academic Training ............................................................................................ 47
  Duration of Training .................................................................................... 47
  General Educational Development (GED) .................................................. 47
  One-to-One Instruction ............................................................................... 48
  Adult Learning Programs ............................................................................ 48
  Colorado Colleges and Universities ........................................................... 48
  Private and Out-of-State Colleges and Universities ..................................... 48
  Out-of-State Public Colleges and Universities ............................................. 48
  Private Colleges and Universities ............................................................... 48
  Books, Supplies, & Other Training Materials .............................................. 48
  Tutorial Services ........................................................................................... 49
Other Skill Training .......................................................................................... 49
Chapter 9: Communication Services ............................................................... 50
  Certified Interpreter, Certified Deaf Interpreter, Communication Assistant, and
  Deaf Communication Assistant Services .................................................. 50
  Qualified Communication Assistants ......................................................... 51
  Certified Interpreter, including Certified Deaf Interpreter .......................... 51
Communication Assistant, including Deaf Communication Assistant .......... 51
Services Provided by a Family Member .......................................................... 52
Communications Access Real-Time Translation/CART .................................. 52
Foreign Language Interpreter ........................................................................ 52
Professional Interpreter .............................................................................. 52
Services Provided by Family Member .......................................................... 53
Reader Services ............................................................................................ 53
Technical/Complex Reader Services or Reader Services with Technology Access .......................................................... 53
Notetaker Services ........................................................................................ 53
Chapter 10: Rehabilitation/Assistive Technology Goods, Services, and Training ... 54
Vehicle, Residential, and Job Site Modification .............................................. 54
Vehicle Modification .................................................................................... 54
Residential Modification ............................................................................. 54
Job Site Modification ................................................................................... 54
Informal Bid Process .................................................................................. 54
Assistive Technology Devices ....................................................................... 55
Purchase of Assistive Technology Devices .................................................. 55
Rental and Repair of Rehabilitation/Assistive Technology Devices: ............... 55
Professional Rehabilitation/Assistive Technology Services ............................. 55
Design, Fabrication, Adaptation, and Customization Services ..................... 55
Training and Consultation .......................................................................... 55
Chapter 11: Self-Employment Services ........................................................... 56
Occupational Testing and Examinations ....................................................... 56
Occupational Licenses and Fees .................................................................. 56
Occupational Tools and Equipment for Self-Employment .............................. 56
Initial Stock and Inventory ........................................................................... 56
Technical Assistance/Business Services and Consultation ............................ 56
Informal Bid Process .................................................................................. 56
Allowable Funding for Self-Employment Start-Up Costs .............................. 57
Chapter 12: Occupational Licenses, Tools, and Equipment ............................. 58
Occupational Licenses and Fees .................................................................. 58
Occupational Tools and Equipment .............................................................. 58
Informal Bid Process .................................................................................. 58
Table of Contents

Technical Assistance ........................................................................................................ 58

Chapter 13: Pre-Employment Transition Services .......................................................... 59
  Job Exploration Counseling .................................................................................... 59
  Work-Based Learning Experiences ...................................................................... 60
  Counseling on Post-Secondary Education Programs ............................................. 62
  Workplace Readiness Training ............................................................................ 63
  Instruction in Self-Advocacy .............................................................................. 67

Chapter 14: Job Search and Placement Services ......................................................... 68
  Tier I ................................................................................................................. 68
  Tier II .............................................................................................................. 68

Milestone 1: Job Preparation and Development ......................................................... 70
Milestone 2: Job Placement .................................................................................... 71
Milestone 3: Successfully Closed, Rehabilitated ....................................................... 75

Employer Hiring Incentives ..................................................................................... 77
  Employment Stipend ........................................................................................ 77
  On-the-Job Training ......................................................................................... 77

Job Search Activities as Standalone Services .......................................................... 78
  Job Seeking Skills Training .............................................................................. 78
  Job Club .......................................................................................................... 78

Successful Outcome/Placement Resulting from Job Club ...................................... 79

Chapter 15: Supportive Services .............................................................................. 81
  Transportation ................................................................................................... 81
    Public Transportation ....................................................................................... 81
    Personal Automobile, Participant Reimbursement ........................................... 81
    Emergency Automobile Repair ..................................................................... 82
    Cab Fare ......................................................................................................... 82
    Mobility Van/Ambo Cab ................................................................................. 82
  Maintenance ....................................................................................................... 82

Personal Assistance Services .................................................................................... 83
  Attendant Care/Personal Assistance Services .................................................. 83
  Homemaking Assistance ................................................................................... 83

Services to Family Members of an Applicant or Eligible Individual ......................... 83
  Transportation for Family Members .................................................................. 84
  Counseling for Family Members ........................................................................ 84

DVR Fee Schedule
Childcare and Eldercare ................................................................. 84
Appendix A: Provider Standards....................................................... 85
Accrediting Organizations ................................................................ 85
I. Non-Medical Assessment ................................................................. 86
   Standardized Vocational Evaluations ............................................. 86
   Situational Assessments: Facility-Based ......................................... 86
   Situational Assessments: Community-Based ................................. 86
   Personal Adjustment Evaluations (VI) ........................................... 87
   Rehabilitation Technology Evaluations .......................................... 87
   Adaptive Driving Evaluation ......................................................... 88
II. Training ...................................................................................... 88
   Work Adjustment Training: Facility-Based ................................. 88
   Work Adjustment Training: Community-Based ............................. 88
   Personal Adjustment Training (Non-VI) ........................................ 88
   Personal Adjustment Training (VI) ................................................ 89
   Communication Skills Training ...................................................... 89
   Driver’s Training (Non-Adaptive) .................................................. 90
   Cognitive/Learning Disabilities Training ...................................... 90
   Academic Training ....................................................................... 90
   Degreed/Non-Degreed Educational Programs from Colorado Colleges and Universities .......................................................... 90
   GED Preparation ........................................................................ 90
   Vocational Training ..................................................................... 91
   Books, Supplies, and Materials ..................................................... 91
   Non-Adaptive Training Equipment ............................................... 91
   Tutorial Services ......................................................................... 91
   Other Training Services ............................................................... 92
III. Communication Services ............................................................. 92
   Sign Language: Certified Interpreter, including Certified Deaf Interpreter .... 92
   Sign Language: Communication Assistant, including Deaf Communication Assistant .......................................................... 92
   Foreign Language Interpreter ....................................................... 92
   General Reading ...................................................................... 93
   Technical/Complex Reader Services or Reader Services with Technology Access .......................................................... 93
Table of Contents

Note Taking................................................................................................................................. 93

IV. Rehabilitation/Assistive Technology Services ......................................................... 93
  Vehicle Modification.............................................................................................................. 93
  Residence Modification......................................................................................................... 94
  Job Site Modification........................................................................................................... 94
  Purchase of Assistive Technology Devices ....................................................................... 94
  Rental and Repair of Assistive Technology Devices ......................................................... 94
  Professional Rehabilitation Technology Services............................................................. 94

V. Occupational Licenses, Tools, and Equipment ........................................................... 95
  Purchase of Non-Adaptive Occupational Tools and Equipment ...................................... 95
  Rental and Repair of Non-Adaptive Occupational Tools and Equipment ....................... 95
  Occupational Licenses and Fees ....................................................................................... 95

VI. Job Search and Placement ......................................................................................... 95
  Job Seeking Skills Training (JSST).................................................................................... 95
  Placement Goods (Including Clothing, Grooming, and Résumés) .................................. 96
  Job Club ................................................................................................................................. 96
  Job Placement ........................................................................................................................ 96
  Employer Stipend .................................................................................................................. 96

VII. Self-Employment Services ..................................................................................... 96
  Purchase of Non-Adaptive Occupational Tools and Equipment ...................................... 96
  Rental and Repair of Non-Adaptive Occupational Tools and Equipment ....................... 97
  Initial Stock and Inventory ................................................................................................. 97
  Self-Employment Services & Consultation ....................................................................... 97

Appendix B: Definitions ...................................................................................................... 98

Appendix C: Guidance and Forms ................................................................................. 113
  Physician Proposed Treatment Plan ................................................................................ 113
  Workers’ Compensation Coverage Information Letter .................................................. 115

Appendix D: Ambulatory Surgery Centers (ASCs).......................................................... 116
  Reimbursement .................................................................................................................. 116
  Medicaid Program Payment Calculation ........................................................................ 116
  Multiple Procedures .......................................................................................................... 116
  Medicare Crossover Payment ............................................................................................ 117
  Services and Items Included at a Minimum in the ASC Reimbursement: ........................ 117
  Services That May Be Billed Separately ........................................................................... 117
INTRODUCTION
The mission of DVR is to assist persons with disabilities to succeed at work and to live independently. Vendor partners are an extremely important part of fulfilling our mission.

The Division of Vocational Rehabilitation (DVR) has established a range of allowable rates for each specific good and service. All purchases must be in accordance with Colorado State Procurement Rules, in accordance with this fee schedule and DVR policy, and at least possible cost.

DVR counselors may authorize services exceeding standard rates contained in the Fee Schedule when an individual's vocational rehabilitation needs require a specialized service not typically required by other persons with disabilities or to offer a service or good in an individual’s home community when appropriate. Documentation supporting the need to exceed the standard rates for any service shall be attached to the service record copy of the applicable Authorization for DVR Service.

Vendor/Provider Requirements
The expectation of service providers/vendors is that they are knowledgeable about disabilities and understand disability-related employment barriers. Vendors should focus on outcomes and meeting client’s employment goals, as documented in an Individualized Plan for Employment (IPE).

In addition, a quality service provider/vendor:

- **Meets Qualifications**: As outlined in the DVR Fee Schedule, Appendix A – Provider Standards.
- **Is Responsive**: Provides quality, timely, and consistent communication with both counselor and client.
- **Is Available and Accessible**: To meet with clients regularly and provide accessible environments and methods of communication.
- **Provides timely reports and invoices**: Provides accurate, consistent reports and invoices to the originating DVR office within **15 days of the last date of service**. Reports and invoices should be typed and not hand-written. DVR will pay vendors for all amounts due within 45 days after receipt of products or services, all required reports, and an invoice with the correct amount due.
Is Ethical: Adheres to highest ethical behavior and treats staff and clients with respect.

DVR Vendor Code of Ethics

Objectivity
- Provide professional services with objectivity and respect for the unique needs and values of the individual being provided services.
- Provide sufficient objective information to enable an individual or the individual’s authorized representative to make informed choices.

Nondiscrimination
- Avoid discrimination based on factors that are irrelevant to the provision of services; be conscious of DVR values and how they influence professional decisions.
- Not discriminate on the basis of race, creed, and color, type of disability, national origin, sex, or age.
- Comply with all licensing, credentialing and/or accreditation requirements recognized within their fields of service.
- Provide services only within the scope of their competency, taking into account their education, experience, and training and recognizing the limits of their skills and knowledge.
- Take on only those professional commitments and agreements that they can fulfill, and carry out those obligations in a timely manner.
- Ensure recommendations for clients are first discussed with counselors.

Sound Business Practices
- Not engage in fraud, waste, or abuse when charging for services.
- Be truthful and accurate in all statements about the services and products they provide.
- Stay within the scope of services agreed upon by DVR clients and DVR.
- Maintain adequate records of evaluations, assessments, services, recommendations, reports, or products provided and preserve confidentiality of those records, unless disclosure is required by law, or protection of DVR client or the public.

Integrity and Responsibility
- Assume responsibility and accountability for all decisions and actions.
- Be honest, faithful, and keep promises and honor the trust placed in them.
• Not advertise or market services in a misleading manner.
• Not engage in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion.


“Usual and Customary” Guidance
Fiscal rule 24-30-202 requires that state employees designated to authorize a service or good must ascertain if a price or rate is (1) in accordance with law or administrative rules or (2) is fair and reasonable. Reference Fiscal Rule 2-2, Commitment Vouchers, Section 3, Rule (see 3.3), OSC under Fiscal Rules (https://www.colorado.gov/pacific/osc/fiscalrules).

Within the Fee Schedule, most service and good rates are specifically set. When the Fee Schedule permits a “usual and customary” rate, DVR staff must determine if the rate meets the test of fair and reasonable. Substantiation may result from the proposed price or rate compared to established catalog prices or market prices or historical prices/rates for similar good/services procured previously. Or, a cost/price analysis must be completed.

Established Catalog Prices or Market Prices
"Established Market Price" means a current price, established in the usual and ordinary course of trade between buyers and sellers, which can be substantiated from sources which are independent of the manufacturer or supplier and may be an indication of the reasonableness of price. In many instances, a lower price or rate may be negotiated.

Historical Prices/Rates for Similar Goods/Services
Historical prices or rates for similar items or services procured in the past also serve as a guide to fair and reasonable prices.

Cost/Price Analysis
In cases where neither historical nor catalog prices exist, cost analysis must be used. Vendors can be asked to provide summary level detail of materials and labor costs, as well as markups and other indirect cost rates included in the price. Technical judgments concerning labor hours can be applied to labor hour rates to evaluate the reasonableness of the overall price. Reasonable profit is another element of price. Per 24-103-403 C.R.S., for noncompetitive acquisitions where neither historical nor catalog prices exist, vendors are required to submit cost or pricing data for purposes of conducting a cost analysis.

The following table provides guidance on determining what category above is most applicable/by category.
<table>
<thead>
<tr>
<th>References of “Usual and Customary”</th>
<th>Guidance for Determining Fair and Reasonable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1: Medical/Psychological Goods and Services</td>
<td>“Postage” Established catalog prices or market prices</td>
</tr>
<tr>
<td>Chapter 3: Medical Supplies and Equipment</td>
<td>“Medical Supplies “ Established catalog prices or market prices (or less as negotiated with vendor)</td>
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<tr>
<td></td>
<td>“Durable Medical Equipment.”</td>
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<tr>
<td></td>
<td>“Rental and Repair if Durable Medical Equipment” Established catalog prices or market prices (or less as negotiated with vendor)</td>
</tr>
<tr>
<td>Chapter 4: Drugs and Medications</td>
<td>“Prescription Medication” Established catalog prices or market prices</td>
</tr>
<tr>
<td></td>
<td>“Controlled Substances”</td>
</tr>
<tr>
<td>Chapter 5: Prosthetic Services</td>
<td>“Surgical Procedure” Established catalog prices or market prices (or less as negotiated with vendor)</td>
</tr>
<tr>
<td></td>
<td>“Other Prosthetic Devices”</td>
</tr>
<tr>
<td></td>
<td>“Other Orthotic Devices”</td>
</tr>
<tr>
<td>Chapter 6: Dental Restoration Services</td>
<td>“Payment for dental treatment services is paid at the usual and customary rates.” Established catalog prices or market prices (or less as negotiated with vendor)</td>
</tr>
<tr>
<td>Chapter 7: Non-Medical Assessment Services</td>
<td>“Payment Rate for Occupational Testing and Exams” Established catalog prices or market prices</td>
</tr>
<tr>
<td></td>
<td>“Payment Rate for Background Checks”</td>
</tr>
<tr>
<td></td>
<td>“Payment Rate for Transcripts”</td>
</tr>
<tr>
<td>Chapter 8: Training Services</td>
<td>“One-to-One Instruction” Established catalog prices or market prices</td>
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<tr>
<td></td>
<td>“Adult Learning Programs”</td>
</tr>
<tr>
<td></td>
<td>“Colorado Colleges and Universities”</td>
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<tr>
<td></td>
<td>“Trade, Business and Vocational Schools”</td>
</tr>
<tr>
<td></td>
<td>“Out-of-State Public Colleges and Universities”</td>
</tr>
<tr>
<td></td>
<td>“Private Colleges and Universities”</td>
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<tr>
<td></td>
<td>“Other Skill Training” Established catalog prices or market prices. Or, if market prices unavailable, Cost/Price Analysis</td>
</tr>
<tr>
<td></td>
<td>“Adaptive/Specialized Driver’s Training” Established catalog prices or market prices (or less as negotiated with vendor)</td>
</tr>
<tr>
<td></td>
<td>“Books, Supplies, &amp; Other Training Materials”</td>
</tr>
<tr>
<td></td>
<td>“Non-Adaptive Training Equipment”</td>
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<td>“Foreign Language Interpreting”</td>
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### Overview of Vocational Services and Goods
Rates for each service are identified in the units most commonly used when the service is rendered and will vary, depending on the unit types that apply to a given good or service.

**CPT Codes:** DVR uses these codes to determine allowable fees for the purchase of most medical/psychological assessment and treatment services.

**Monthly Payment Rates:** Services that are typically provided over a period of months have a monthly payment rate. Unless otherwise noted, the monthly payment rate requires a minimum of 30 hours of face-to-face contact between the service provider and the client. Partial months of service (less than 30 hours of face-to-face contact between the service provider and consumer) are paid at the prescribed hourly rate. Payments for full or partial months of service include the preparation and provision of a written report(s) and the provider's travel costs, including travel time, within normal service delivery area.
Hourly Payment Rates: Unless otherwise noted, partial hours of service will be rounded to the nearest hour. In most cases, payment is made only for hours in which the provider is rendering services directly to the consumer. Payment includes the preparation and provision of a written report(s) and the provider’s travel costs, including travel time, within the normal service delivery area.

Rate Adjustments for Service Settings: Separate fee ranges have been established for certain services according to the settings in which they are rendered.

Facility Settings: These are environments and/or structures designed specifically to provide services to persons with disabilities and other special populations, such as community rehabilitation program facilities, clubhouses, independent living centers and residential facilities, extended employment facilities, etc.

Community Settings: These are real-life settings appropriate to the type of service, such as real work settings, community-based transitional employment program sites, home, or community environments, training facilities serving the general public, etc.

State Ownership of Equipment, Tools, and Other Non-Prescription Goods: Equipment, tools and other non-prescription devices purchased by DVR for use by an individual in a training program or for employment remain the property of the State of Colorado until successful closure from DVR occurs. When such items are initially issued, the service record will contain written acknowledgment of State ownership from the individual receiving the equipment.

Recovery: Upon termination of a program that does not result in a successful vocational rehabilitation outcome, the individual will be requested, in writing, to return any equipment purchased by DVR. If the equipment is not returned after two such requests, recovery efforts may be turned over to the Office of the Attorney General.

Re-issue: Recovered items will be retained in field offices to be re-issued to other individuals with disabilities who may have need of such items. Documentation of re-issued items will be placed in the service record of the individual from whom State property was recovered as well in the service record of the individual to whom it is being re-issued.

Worker’s Compensation
Pursuant to Section 8-40-202 of the Colorado Revised Statutes, individuals participating in the DVR program are covered by the State of Colorado’s workers compensation insurance when they are receiving diagnostic or training services sponsored by DVR. Examples of these types of services include but are not limited to evaluations, situational assessments, personal and work adjustment training, vocational training, work experiences and on-the-job training in accordance with DVR’s On-the-Job Training Agreement.
If you have any questions concerning DVR’s worker’s compensation coverage for participants of this program, you can contact your local DVR office or DVR administration at 303-318-8571. You may also reference Appendix C-8 of this manual, for additional guidance.

**Fiscal Procedures for Service Providers/Vendors**

**Invoices:** Billing or invoices should be submitted to the originating DVR office within 15 days of the last date of service or the 15th day of the following month, whichever is sooner. Buyer shall not reimburse such sales or use taxes.

Invoices should contain the following information, at a minimum:
- Name of the provider
- Provider mailing address
- DVR authorization number
- Provider’s invoice number
- Dates of service
- Itemized list of fees according to authorization
- Invoice total

Invoices may be sent to originating DVR office by mail, fax, or encrypted email. An example of a generic DVR invoice may be located on the DVR Partners and Providers webpage at: https://www.colorado.gov/pacific/dvr/vendors-providers

**Cancellation Fees for Services:** Whenever a vocational service is scheduled but not actually provided because the appointment has been cancelled with less than 24 hours’ notice or is a "no-show," DVR may pay the lesser of one-half of the allowable fee for a scheduled unit of service or $150.00, whichever is less. These are the maximum allowable fees for cancelled or missed appointments, and payment will only be made if requested by the provider. Counselors are urged to negotiate the lowest possible cost in such circumstances. (Does not include ASL interpretation; please see “Chapter 9: Communication Services”).

**Provider Travel Time** (Procedure Code 31050-01, 31050-02, 31050-03): DVR may pay for a provider’s travel time in excess of 30 minutes one-way if the business address (starting location of travel) and service location is beyond the seven (7) county Denver Metro area (counties of Adams, Arapahoe, Broomfield, Boulder, Denver, Douglas, and Jefferson). For clients served in the Longmont office...
within Boulder County, travel time may be paid if the vendor’s travel is in excess of 30 minutes one way.

**Payment Rate:**
- Provider’s hourly rate, payable in 15-minute increments (exclude first 30 minutes of one-way travel and 7-county Denver Metro Area)
- If there is no hourly provider rate, travel may be paid at the rate of $20.00/hour, payable in 15-minute increments (excluding 1st 30 min of one-way travel and 7-county Denver Metro Area)
- Flat Rate (exceptional or out-of-state), rarely used, negotiable

**Community-Based Site Set Up** (Procedure Code 27050-01): Payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, trial work experience, or paid work experience. This is a one-time site development fee, which is only paid if the site is successfully secured. If an agency already has an established site, payment will not be made.

**Payment Rate:**
- Up to $52.00/hour
- Maximum of two hours ($104.00)

**Payment to Employers for Use of Their Work Site/Location** (Procedure Code: 08107-01, 08107-02): Payment to employers for such services is available only when the employment setting provides an integrated, competitive work environment, the individual’s performance provides no net benefit to the employer, and the employer is not being paid by DVR to provide any other service to the individual.

**Monthly Payment Rate:**
- 30+ hours of on-site time per month
- Up to $540.00/month
- Maximum of two months

**Payment for Partial Months:**
- 1-29 hours per month
- Up to $18.00/hour
- Maximum of two months

**PERA Retirees Working as Contracted Service Providers for DVR**

DVR is a PERA employer and, according to state law, must contribute to PERA on behalf of PERA retirees working for DVR as contracted service providers (see CRS 24-51-401 and PERA Rule 11.12 (A)).

This law applies to the following:
- A PERA retiree who provides services either as a contracted individual or an employee
- A PERA retiree who provides services while working for an outside entity such as an LLC, S-Corp, Corporation, Sole Proprietorship, etc.
This law **does not apply** to the following:
- A PERA retiree who is an owner or partner in a company that sends an employee who is not a PERA retiree to provide services for a DVR client. In other words, the services must be provided by the PERA retiree themselves for this requirement
- A PERA retiree who provides products or goods only (not services)

DVR adjusts the fee paid to PERA retirees to comply with the law while staying within the approved fee schedule rates.

PERA retirees must inform DVR of their retiree status so that DVR pays the correct fee to the PERA retiree and correct employer contribution to PERA. Failure of a contracted PERA retiree to report PERA retiree status to DVR and contribute the employee portion to PERA will result in payback of any overpayments.

Examples of how the required employer contribution impacts payment rates to PERA retirees are as follows:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Approved Fee, Non-PERA Contractors</th>
<th>PERA Employer Contribution Rate As of January 2017, 20.15%;</th>
<th>Approved Fee, PERA Retirees</th>
</tr>
</thead>
<tbody>
<tr>
<td>08100-03</td>
<td>Situational Assessment, Community setting, 1-3 individuals</td>
<td>$41.00 per hour</td>
<td>$6.88</td>
<td>$34.12 per hour</td>
</tr>
<tr>
<td>21000-01</td>
<td>Work Adjustment Training, Community setting, Individual</td>
<td>$1230.00 per month</td>
<td>$206.28</td>
<td>$1023.72 per month</td>
</tr>
<tr>
<td>21200-01</td>
<td>Personal Adjustment Training, Community setting (other than VI)</td>
<td>$680.00 per month</td>
<td>$114.04</td>
<td>$565.96 per month</td>
</tr>
<tr>
<td>28001-01</td>
<td>Tier I, Job Coaching,</td>
<td>$33.00 per hour</td>
<td>$5.53</td>
<td>$27.47 per hour</td>
</tr>
<tr>
<td></td>
<td>Individual (Max 40 hours/month)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>13000-13</td>
<td>Psychotherapy, Individual, provided by qualified licensed/certified psychological professional (not MD or PsyD), CPT 90837</td>
<td>$106.21 per hour</td>
<td>$17.81</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$88.40 per hour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information, visit https://www.copera.org/resources/forms-publications/pera-rules

**Provider Agreement**

Providers who approach $100,000 in encumbered or actual payments during a state fiscal year (July 1 – June 30) are required to complete a Provider Agreement that further details agreement to the terms and conditions of the Authorization/Purchase Order for DVR service, the Vendor Code of Ethics, Provider Standards, the DVR Fee Schedule, and Provider Qualifications. This agreement is valid for five (5) years, and DVR notifies the provider when the Provider Agreement will be required. Failure to return the Agreement within the designated time frame may result in services with the provider being suspended or terminated.
CHAPTER 1: MEDICAL AND PSYCHOLOGICAL GOODS AND SERVICES

Evaluation, diagnosis, and treatment of physical and mental disorders must be provided by service providers qualified in accordance with Colorado licensure and certification laws or equivalent licensure and certification laws governing the provision of services in the state of purchase.

Least Possible Cost

Individuals receiving medical or psychological treatment services (other than diagnostic services) from DVR are expected to first make maximum use of all comparable benefits and resources for which they are eligible (e.g., private insurance, Social Security benefits, Medicare, Medicaid, the Veterans Administration, Tricare, the United States Public Health Service, or other private or public programs). Provision of restoration services by DVR will not duplicate those available under other public health programs or private insurance policies.

A physical and psychological restoration service shall be provided under the following circumstances:

- Service is not available financially or covered through comparable benefits
- Service is likely to correct or substantially improve an impairment within a reasonable period (time-limited, not ongoing)
- Service treats an impairment that constitutes a substantial impediment to employment
- Service is necessary to achieve the employment outcome

DVR does not customarily provide any payment for medical treatment or for sex change-related treatments.

Establishment of Allowable Fees

“Relative Values for Physicians” (RVP) Manual

DVR uses the RVP to determine allowable fees for the purchase of most medical assessment and treatment services. The RVP is widely accepted as the basis of fee-for-service insurance reimbursement in the medical community.

The RVP is divided into sections that address different aspects of the delivery of medical services, including the following:

- Anesthesia
- Surgery
- Radiology
- Pathology
- Medicine
- Evaluation and Management

The RVP employs “Current Procedural Terminology” (CPT) codes to identify medical services and treatment procedures. According to CPT code, each service or procedure is assigned a “relative value unit” (unit) which reflects its relative worth in terms of time, skill, severity of illness, risk to the patient, and risk to the
physician. In addition, “conversion factors” represent an appropriate base rate that, along with the relative value unit, determines a unique dollar value for procedures.

The normal maximum allowable fee for a procedure is: Units x Conversion Factor = Fee

**RVP Conversion Factors for Medical Treatment Procedures**

<table>
<thead>
<tr>
<th>PROCEDURE CATEGORIES</th>
<th>CONVERSION FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>$53.73 per unit plus per time unit</td>
</tr>
<tr>
<td>Surgery</td>
<td>$99.83 per unit</td>
</tr>
<tr>
<td>Radiology</td>
<td>$18.41 per unit</td>
</tr>
<tr>
<td>Pathology</td>
<td>$13.72 per unit</td>
</tr>
<tr>
<td>Medicine</td>
<td>$8.33 per unit</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>$6.23 per unit</td>
</tr>
<tr>
<td>Evaluation and Management</td>
<td>$10.16 per unit</td>
</tr>
</tbody>
</table>

**Fee Adjustment for Unusual Circumstances**

Units for medical procedures may be modified under certain circumstances. The use of a CPT modifier code (i.e. \textit{BR, RNE, or I}) in conjunction with the CPT code indicates unusual circumstances and may increase or decrease the cost of a procedure. Reimbursement is determined by negotiation between the rehabilitation counselor and the provider for least possible cost. If a provider uses a CPT modifier to request a rate greater than DVR’s allowable fee, the accompanying report will need to reflect the reason, and the service record of the authorization needs only to reference the provider’s report.

**Fee Adjustments for Type of Provider**

DVR only purchases medical services from a provider that is appropriately licensed and/or certified in accordance with the laws of the state in which they are providing service, is within their scope of practice, and is in good standing. Providers for which there are no state licensure laws must be certified or otherwise qualified in accordance with the standards provided in this chapter.

Reimbursement for physician services shall be the lower of the allowable fee for corresponding Colorado providers or the out-of-state provider's actual charge. For more in-depth information regarding Colorado Revised Statutes, please access \url{leg.colorado.gov}.

Providers are reimbursed at different rates according to licensing and specialty. Physician providers are reimbursed at 100\% of a procedure’s relative value, as follows:

- Doctors of Medicine, licensed under CRS 12-36 by the State Board of Medical Examiners
- Doctors of Osteopathy, licensed under CRS 12-36 by the State Board of Medical Examiners
- Chiropractors, licensed under CRS 12-33 by the State Board of Chiropractic Examiners
- Podiatrists, licensed under CRS 12-32 by the Colorado Podiatry Board

Non-Physician Providers have varying rates, as follows:
- The following are reimbursed at 100% of the procedure’s relative value for a physician:
  - Physical Therapists, licensed under CRS 12-41, and Occupational Therapists, certified by the American Occupational Therapy Certification Board, shall be reimbursed only for procedures in the “Medicine” section of the RVP (CPT codes 97001-97799)
  - Speech Pathologists, certified by the American Speech and Hearing Association
  - Optometrists, licensed under CRS 12-40 by the State Board of Optometric Examiners, may be reimbursed for only for the following ophthalmology procedures 92002, 92004, 92012, 92014, 92015, 92081, 92083, 99215, 99201, 99202, 99203, 99204, and 99205 (DVR may also reimburse for dispensing of glasses under CPT 92340, 92341, 92342)
  - Acupuncturists, registered under CRS 12-29.5 with the Colorado Office of Acupuncturists Registration; only for physical medicine procedures 97810, 97811, 97813, and 97814
- The following are reimbursed at 90% of the procedure’s relative value for a physician:
  - Psychologists, licensed under CRS 12-43 by the Colorado State Board of Psychologist Examiners
  - Doctoral interns receiving one-to-one supervision by a licensed psychologist pursuant to the intern’s licensure under CRS 12-43
- The following professional categories shall be paid at 75% of the relative value for a physician:
  - Orthopedic Technologists, certified by the National Organization of Orthopedic Technologists
  - Surgical Technologists, certified by the Association of Surgical Technologists
  - Audiologists, practicing in Colorado prior to July 1, 1995, certified by the American Speech & Hearing Association, registered under CRS 12-5.5 with the Colorado Department of Regulatory Agencies, Division of Registrations. Audiologists beginning practice in Colorado on or after July 1, 1995 are registered under CRS 12-5.5 with the Colorado Department of Regulatory Agencies, Division of Registrations
  - Respiratory Therapists, certified by the National Board of Respiratory Care
  - Registered Nurses, licensed under CRS 12-38 by the State Board of Nursing, including family nurse practitioners certified by the American Nurses Association; pediatric nurse practitioners certified by the National Certification Board of Pediatric Nurse Practitioners and Nurses or the American Nurses Association; nurse anesthetists certified by the Council on Certification of Nurse Anesthetists or the Council on
Chapter 1: Medical and Psychological Goods and Services

Recertification of Nurse Anesthetists; psychiatric and mental health nurses certified by the American Nurses Credentialing Center
- Optometrists, licensed under CRS 12-40 by the State Board of Optometric Examiners; for procedures other than those identified under 1.c) above.
- Clinical Social Workers, licensed under CRS 12-43 by the State Board of Social Work Examiners, and interns receiving one-to-one supervision pursuant to the intern’s licensure under CRS 12-43
- Marriage and Family Therapists, licensed under CRS 12-43 by the State Board of Marriage and Family Therapists Examiners, and interns receiving one-to-one supervision pursuant to the intern’s licensure under CRS 12-43
- Licensed Professional Counselors, licensed under CRS 12-43 by the State Board of Professional Counselor Examiners, and interns receiving one-to-one supervision pursuant to the intern’s licensure under CRS 12-43-601
- School Psychologists, licensed under CRS 12-60-1044(1)(e)
- Learning Disability Specialists with an advanced degree in Learning Disabilities and/or Special Education, and a current Teacher’s Certification from the Colorado Department of Education
- Psychiatric and Mental Health Nurses, certified by the American Nurse’s Credentialing Center and licensed under CRS 12-38 by the State Board of Nursing
- Clinical Specialists in Psychiatric and Mental Health Nursing, certified by the American Nurses Credentialing Center and licensed under CRS 12-38 by the State Board of Nursing
- Registered Dieticians, certified as such by the National Commission on Dietetics Registration
- Physician Assistants, certified by the National Commission on Certification of Physician’s Assistants and under CRS 12-36-106(5)(a) by the State Board of Medical Examiners, including university trained Surgeon Assistants

- The following are reimbursed at **50%** of the procedure’s relative value for a physician:
  - Massage Therapists, registered under 12-35.5 and certified by the National Certification Board for Therapeutic Massage & Bodywork; only for massage treatment (CPT code 97124)
  - Registered Dietetic Technicians, certified through the Commission on Dietetics Registration

In all cases, payment for the procedures includes the preparation and provision of a written report. The report should reflect the complexity of the service, length of time involved, level of training and expertise required by the provider to perform the procedure, and the scope of medical services provided.
Medical Diagnostic and Evaluation Services
Diagnostic procedures performed by qualified non-physician providers must be rendered under the direct and personal supervision of a physician. Direct and personal supervision means that a physician is physically present on the premises at the time the procedure or examination is provided by the qualified non-physician provider. An audiologist or speech pathologist may independently perform diagnostic services to establish functional limitations associated with a hearing or speech impairment if appropriately certified for such services.

Physical Diagnostic and Evaluation Services (Procedure Codes 01000-01, 01000-02, 01100-01, 01100-02, 01100-03, 01100-04, 01400-01, 01500-01, 01600-01, 01600-02, 01700-07, 01700-08, 01750-05, 01800-01, 01800-02, 01800-03, 01800-04, 01800-05, 01800-06, 01800-08, 01800-09, 01800-10, 01800-11, 01800-12, 01800-13, 01800-14, 01800-15, 01850-02, 01850-03, 01850-04, 01900-01, 01900-02, 01900-03, 01900-04, 01900-05, 01900-06, 01900-07): CPT codes used for diagnostic medical procedures that are provided in a physician’s office or other outpatient facility are frequently found in either the “Medicine” section or the “Evaluation and Management” section of the RVP, depending on the type of examination and body systems involved. Medical assessments or diagnostic tests ordered in conjunction with a specialty examination are typically found in the “Medicine” section. Unless prohibited by a procedure’s description, the physician may also be paid for the office visit, which is reported as an “Evaluation and Management” procedure.

The “Evaluation and Management” section of the RVP contains two series of CPT codes that depend on the physician’s previous knowledge of the individual, the type of medical history required, the scope of the required physical examination, the complexity of medical decision-making required of the physician, and the detailed reporting of medical and work-related functional limitations necessary. In addition, the allowable fee to a physician examining an established patient is less than the fee for examining a patient for the first time. When the scope of required examination and reporting is consistent with that associated with a typical evaluation and management office visit, CPT code 99214 will be used for specialty office examinations for an established patient and CPT code 99204 will be used for specialty office examinations for a new patient. In instances when the counselor cannot determine the scope of an individual’s functional limitations and the associated vocational impediments without a more detailed physical examination and report, CPT code 99455 may apply for an established patient and CPT code 99456 for a new patient. These two CPT codes generally apply only to those medical conditions for which functional limitations for a given diagnosis can vary greatly, such as certain orthopedic, cardiology, pulmonary, and neurological conditions.

Laboratory and X-Ray Services (Procedure Codes 01300-01, 01300-02—non-dental): These diagnostic services provided to establish an impairment must be ordered by a licensed physician. The services must be provided in a physician’s
office or by the physician’s clinical laboratory that is certified in accordance with the Clinical Laboratory Improvement Amendments of 1988 or meets the Health Care Financing Administration guidelines; or by an independent laboratory certified by the Health Facilities Division of the Colorado Department of Public Health and Environment.

Diagnostic services will be purchased from independent laboratories only in the specialties or sub-specialties for which they are certified. Laboratories that provide X-ray services must have their X-ray equipment, directors, and equipment operators certified by the Colorado Department of Health as meeting Medicare guidelines.

The fees for radiological diagnostic procedures are frequently separated into two components. The “hospital component” (HC) covers the cost of equipment, supplies, technical personnel, and other incidental expenses. This component is allowed when the service is provided to an outpatient by an appropriately certified laboratory. Payment of a “professional component” (PC) is also allowed to compensate the radiologist for supervision of the laboratory’s activities and interpretation of the radiological studies, when required.

In addition, the CPT coding structure lists tests in groups at a lower cost than individual tests. When tests are ordered in a group, the individual tests will not be paid for separately. Conversely, when the physician orders multiple individual tests that can be performed in a group, the maximum-allowable fee corresponds to the CPT code for such tests in a group. Laboratory procedures are generally found in the “Radiology” or “Pathology” sections of the RVP.

**Psychological (Psychiatric, Neurofunctional, and Psychological) Diagnostic and Evaluation Services** (Procedure Codes 05200-01, 05200-02, 05200-03, 05200-08, 05300-02, 05300-03, 05400-01, 05400-02, 05400-03, 05400-04, 05400-05, 05400-06, 05400-07, 05400-08, 05400-09, 05450-01, 05900-08, 05900-09, 05900-10, 05900-11, 05900-12, 05900-13): Licensed neuropsychologists, psychologists, or psychiatrists or certified learning disability specialists administer, interpret, and report testing. Tests are found in the “Medicine” section of the RVP, CPT codes 90791-90792, 90885-90889, 96101-96150. The total allowable fee for such tests depends upon the amount of time required. For example, a learning disability evaluation usually includes an interview portion, which is paid for separately under CPT code 99205. The CPT code series 99212-99215, found in the “Evaluation and Management” section of the RVP, is used if a follow-up diagnostic session is necessary.

**Reports:** Allowable fees for diagnostic examinations includes interpretation of any required tests and a written report. The report must include, at a minimum, a description of the service provided, any ancillary procedures, and a summary of findings. Such reports must substantiate the level of service used to establish the rate of payment.
Medical Restoration Services

Physical Restoration Procedures (Procedure Codes 11000-01, 11000-02, 11000-03, 11000-04, 11000-05, 11000-06, 11000-07, 11000-08, 11500-01, 11600-01, and 11700-01): Procedures for physical restoration are found in all sections of the RVP, depending on the type of treatment required. Medical treatment services from qualified non-physician providers must be rendered under the direct and personal supervision of a physician unless otherwise indicated in the Fee Schedule. Direct and personal supervision means that a physician is physically present on the premises at the time the treatment is provided by the qualified non-physician provider. These services shall be reimbursed by the same methodology as physician services with adjustments for the professional training of the individual rendering the services.

Treatment Plan: When a program of physical restoration services is being planned, the practitioner shall provide a written treatment plan. The complexity of the treatment plan will vary depending of the type of services being provided, and it may include services provided by other practitioners. The plan may be a stand-alone document or it may be articulated in the “recommendations” section of a diagnostic report. However, any treatment plan should in some manner identify the treatment objectives; parameters of proposed treatment in sufficient detail to enable DVR to authorize goods and services in advance, including the required services, length of treatment and the scope and intensity of required procedures; and, the anticipated follow-up. The treatment plan must reflect that all services are medically necessary to avoid or reverse deterioration in the individual’s condition or to remediate serious limitation to bodily functions.

Reports: As with diagnostic services, fees for physical restoration services include the preparation and provision of a written report(s). The report(s) must include a description of services provided and the outcome. They must also reflect the complexity and length of the procedures as appropriate to the CPT code.

Surgical Procedures: Surgical services will only be provided when certified as medically necessary by the attending physician. Routine surgical supplies provided by the treating physician are considered part of the treatment protocol, and payment is included in the fee for the physician’s surgical services. Incidental procedures are commonly carried out as an integral part of a total surgical service and, as such do not warrant separate payment. However, under some circumstances, multiple surgical procedures will warrant additional payment. In addition, there may be occasions when the skills of more than one surgeon may be necessary for a specific surgical problem.

Maximum payment for special surgical situations is determined as follows:
- The allowable fee for multiple surgical procedures performed with a single surgical incision—regardless of how many organ systems are involved or how many different surgeons participated—will be 100% of the relative value for the procedure commanding the greatest value, 50% of the relative value for the second procedure, and 25% of the relative value for each subsequent
procedure. In this instance, the surgical CPT codes for the second and subsequent procedures will carry CPT modifiers of –51.

- The allowable fee for microsurgery will be **125%** of the relative value for the surgical procedure unless the CPT code already specifies that the procedure involve microsurgery.

Multiple procedures performed by a single surgeon:

- The allowable fee for bilateral surgical procedures performed by one surgeon, indicated by a CPT modifier code of –50, will be **100%** of the relative value for the first procedure and **80%** of the relative value for the second procedure.
- The allowable fee for multiple surgical procedures requiring two or more incisions (separate organ systems or different anatomical locations) will be **100%** of the allowable value for the first procedure and **70%** of the allowable value for each subsequent procedure. The CPT code for the second and subsequent procedures will be indicated by CPT modifier codes of –51.

Procedures performed by multiple surgeons:

- When two primary surgeons are involved in the performance of a single surgical procedure, the maximum allowable will be **125%** of the procedure relative value, split equally between the surgeons. Such procedures will carry a CPT modifier of -62.
- The allowable fee for bilateral surgical procedures or multiple procedures involving different organs or body systems performed by two surgeons, indicated by a CPT modifier code of -50, will be **100%** of the relative value for both procedures.

When the services of an assistant surgeon are needed, the procedures will be indicated by CPT modifier codes -80, -81, and -82. The allowable fees for assistant surgeons will range from **10%-20%** of the relative value for the specific procedure.

**Laboratory and X-Ray Services** (Procedure Codes 11300-01 and 11300-02):

Laboratory and X-ray services are frequently performed as part of a treatment plan to diagnose or treat conditions with specific symptoms. They are not typically routine diagnostic tests performed without apparent relationship to a specific illness, symptom, complaint, or injury. A licensed physician, in good standing, must authorize all laboratory and X-ray services. They must be performed by an independent laboratory certified by the Health Facilities Division of the Colorado Department of Public Health and Environment, a clinical laboratory certified in accordance with the Clinical Laboratory Improvement Amendments of 1988, or a clinical laboratory certified to meet the Health Care Financing Administration guidelines. Laboratory services will be purchased from independent laboratories only in the specialties or sub-specialties for which they are certified. Laboratories, which provide X-ray services, must have their X-Ray equipment, directors, and equipment operators certified by the Colorado Department of Health as meeting Medicare guidelines.
CPT codes for laboratory services are found in the "Radiology" and "Pathology" sections of the RVP. The fees for radiological diagnostic procedures are frequently separated into two components. The "hospital component" (HC) covers the cost of equipment, supplies, technical personnel, and other incidental expenses. This component is allowed when the service is provided to an outpatient by an appropriately certified laboratory. Payment is allowed for a "professional component" (PC) to compensate the radiologist for supervision of the laboratory’s activities and interpretation of the radiological studies, when required.

In addition, the CPT coding structure lists tests in groups at a lower cost than individual tests. When tests are ordered in a group, the individual tests will not be paid for separately. Conversely, when the physician orders multiple individual tests that can be performed in a group, the maximum-allowable fee corresponds to the CPT code for such tests in a group. Laboratory procedures are generally found in the “Radiology” or “Pathology and Laboratory” sections of the RVP, and the applicable conversion factors are on page 9 of this chapter.

Laboratory services provided to hospital patients under the supervision of the hospital are considered part of the hospital's treatment facility services, and a separate payment is not allowed. Tests performed by an independent certified lab are purchased separate from the associated treatment procedures.

**Physical Medicine Restoration Services** (Procedure Codes 11400-02, 11500-01, 11600-01, and 11700-01): Treatment procedures found in the “Medicine” section of the RVP (CPT codes 97010-97799) are typically performed by physical and occupational therapists. The need for such services must be included as part of a treatment plan and must be authorized by a physician, licensed and in good standing.

**Massage Therapy Services** (Procedure Code 11700-01 or 11500-01 if provided by physical therapist): Certified massage therapists are allowed to provide massage therapy when authorized as part of a treatment plan by a physician, licensed and in good standing. Services provided by massage therapists are limited to CPT code 97124, and they are paid at 50% of the procedure’s relative value.

**Acupuncture Services** (Procedure Code 11700-01): Licensed acupuncturists are allowed to provide acupuncture services when authorized as part of a treatment plan by a physician, licensed and in good standing. Services provided by acupuncturists are limited to CPT codes 97810 through 97814, and they are paid at 100% of the procedure’s relative value.

**Home Health Services** (Procedure Codes 11900-01, 11900-02, and 11900-03): Home health services consist of skilled nursing services and home health aide services. They must be provided by a home health agency, certified by the Department of Health Care Policy and Financing. Home health aide services must include at least one task defined as skilled personal care under the direct direction and supervision of an appropriately licensed nurse. Payment for home health
services is on a per visit basis, regardless of the number of nurses or nurse aides in attendance, for up to 2 ½ hours.

A visit means a personal contact made by a nurse or home health aide with the individual in the individual's place of residence for the purpose of providing a legitimate home health service. The cost of supplies used by home health agency staff for universal precautions is included in the payment for each visit. Other supplies are paid for separately.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Per Visit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>$95.79</td>
</tr>
<tr>
<td>Home health aide</td>
<td>$39.67 for first hour</td>
</tr>
<tr>
<td></td>
<td>$9.46 for each additional ½ hour</td>
</tr>
</tbody>
</table>

Maximum allowable fee for home health services is the lower of the rates identified above or the actual billed charge.

**Psychological (Including Psychiatric and Neurofunctional)**

**Restoration Services** (Procedure Codes 13000-01, 13000-02, 13000-03, 13000-04, 13000-05, 13000-06, 13000-07, 13000-08, 13000-09, 13300-01, 13300-02, 13300-03, 13300-04, 13300-05, 13300-06, 13300-07, 13300-08, 13300-09): Most psychological restoration services are found in the “Medicine” section of the RVP under CPT codes 90804-90899. Payment for evaluation, counseling, and psychotherapy will be determined by the practitioner providing the service, the length of the session, and whether the psychotherapy is provided individually or in a group setting. CPT code 90834 is for a 45-minute session of individual psychotherapy, 90832 for a 30-minute session, and 90837 for a 60-minute session. Group therapy is under CPT code 90853. Sessions whose duration falls between identified times will be reported at the closest time above.

**Treatment Plan:** Although the provision of psychological restoration services may not require as rigorous a treatment plan as some physical restoration procedures, the counselor, practitioner, and individual with a disability should reach agreement concerning the goal of planned treatment and the scope, intensity, and duration of treatment services prior to implementation of mental restoration services. The treatment plan may be a stand-alone document or it may be articulated in the "recommendations" section of a diagnostic report.

**Reports:** Fees for psychological restoration services include the preparation and provision of a written report(s). The report(s) must include a description of services provided and the outcome. They must also reflect the qualifications or credentials of the provider.

**Duration of Services:** DVR support for all psychological treatment will not exceed 12 sessions and six months’ duration. Purchase of treatment services for more than 12 sessions and six months requires an exception and must be reviewed and approved by supervisor with a reassessment and approval after each additional six sessions and three months’ duration.
Use of Independent Practitioners: Rates of payment for evaluation, counseling and psychotherapy provided in a face-to-face setting vary depending on the practitioner providing the service, the length of the session, and whether the psychotherapy is provided individually or in a group setting.

Use of Mental Health Centers: Evaluation, counseling, and psychotherapy services will only be purchased from a community mental health center that is licensed by the Colorado Department of Public Health and Environment when an individual is not eligible for the service under the center's targeted population criteria. DVR may cover the cost of an individual's co-payment for such services when the individual's financial circumstances warrant. Treatments for services from mental health centers require a face-to-face encounter between the individual and the mental health professional providing services for payment. Treatment may take place on a one-to-one basis or may be provided to a group of not more than 12 individuals. Although services provided by unlicensed practitioners are supervised by licensed providers, the fee for a treatment service is not determined by who co-signs a report but by who actually provides the face-to-face contact. The following rates have been determined by applying the appropriate conversion factor to the allowable CPT codes for psychological testing and psychotherapy.

Rates According to Conversion Factor and Allowable CPT Codes for Psychological Evaluation and Psychotherapy

<table>
<thead>
<tr>
<th>Provider Credentials</th>
<th>Evaluations per hr.</th>
<th>30 MIN (90832)</th>
<th>45 MIN (90834)</th>
<th>60 MIN (90837)</th>
<th>Per hour (90853)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist licensed under CRS 12-36-107</td>
<td>$324.87 (90791), $200.75</td>
<td>$74.97</td>
<td>$95.80</td>
<td>$141.61</td>
<td>$28.32</td>
</tr>
<tr>
<td>Psychologist licensed under CRS 12-43-303</td>
<td>$180.68</td>
<td>$67.47</td>
<td>$86.22</td>
<td>$127.45</td>
<td>$25.49</td>
</tr>
<tr>
<td>Professional counselor licensed under CRS 12-43-601</td>
<td>$150.56</td>
<td>$56.23</td>
<td>$71.85</td>
<td>$106.21</td>
<td>$21.24</td>
</tr>
<tr>
<td>Clinical social worker licensed under CRS 12-43-403</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage/family therapist licensed under CRS 12-43-501</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Chapter 1: Medical and Psychological Goods and Services**

**DVR Fee Schedule**

| Psychiatric/mental health nurses Licensed under CRS 12-38-111 |
| Clinical specialists in psychiatric/mental health nursing Licensed under CRS 12-38-111 |

*For DVR, this code applies to both in-patient and outpatient group therapy. The maximum allowable fee is the lower of the rates identified above or the actual billed charge.

**Lower Rates When Service Performed With Evaluation and Management Service**

<table>
<thead>
<tr>
<th>Provider Credentials</th>
<th>Evaluations/hr. (90791, 96101)</th>
<th>30 MIN (90833)</th>
<th>45 MIN (90836)</th>
<th>60 MIN (90838)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist Licensed under CRS 12-36-107</td>
<td>$324.87, $200.75</td>
<td>$49.98</td>
<td>$79.99</td>
<td>$129.12</td>
</tr>
<tr>
<td>E&amp;M CPT Codes, not add-on’s</td>
<td>99212</td>
<td>$60.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99213</td>
<td>$91.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99214</td>
<td>$137.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>99215</td>
<td>$198.12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Substance Abuse Evaluation and Counseling:** a substance abuse counselor certified at the CAC II level or higher by the Colorado Alcohol and Drug Abuse Division of the Colorado Department of Human Services provides service to an individual in a program licensed by the Colorado Alcohol and Drug Abuse Division for outpatient substance abuse treatment services. Therapy may take place one-to-one or in a group of not more than 12 individuals and may be paid for services within the scope of their certification at 75% of the relative value for a physician. Substance abuse treatment services may not be purchased from programs only certified to provide Level I DUI Education and Level II DUI Education/treatment. Rates of payment for substance abuse assessment and counseling are found below.
### Allowable Fees for Substance Abuse Evaluation and Counseling

<table>
<thead>
<tr>
<th>Provider Credentials</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 MIN</td>
<td>45 MIN</td>
</tr>
</tbody>
</table>
| CAC II or Higher Substance Abuse Counselor                | $53.39     | $68.22       | $100.85      | $20.17/hr.

** For DVR, this code applies to both in-patient and outpatient group therapy.

### Other Fees

**Cancellation Fee:** The maximum fee that DVR may pay for a cancelled or missed appointment is one-half of the allowable fee for the scheduled service(s) or $500, whichever is less. Payment will only be made if requested by the provider. Counselors should negotiate the lowest possible cost in such circumstances.

**Provider Travel Time** (Procedure Code 31050-01, 31050-02, 31050-03): When the rendering of a good or service to an applicant or eligible individual requires the provider to travel, DVR may pay for the provider’s travel time in excess of 30 minutes one way. DVR reimbursement for travel will not be provided if the business address (starting location of travel) and service location is in the 7-county Denver Metro area (counties of Adams, Arapahoe, Broomfield, Boulder, Denver, Douglas, and Jefferson). For consumers served in the Longmont office within Boulder County, travel time may be paid if the vendor’s travel is in excess of 30 minutes one-way.

Payment for such travel time will be at 100% of the hourly rate for the service being provided payable in 15-minute increments. If there is no hourly rate, travel will be paid at the rate of $20.00 per hour, payable in 15-minute increments.

**Payment Rate:**
- Standard hourly rate, payable in 15-minute increments (exclude 1st 30 min of one-way travel and seven county Denver Metro Area) $20.00
- Provider’s hourly rate, payable in 15-minute increments (exclude 1st 30 minutes of one-way travel and seven county Denver Metro Area)
- Flat Rate (exceptional or out-of-state), rarely used, negotiable

### Medical, Dental or Psychological Report from File Fee

(Procedure Codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07, 01999-08): The Rehabilitation Act of 1973, as amended, requires counselors to make maximum use of existing medical records insofar as they provide sufficient data to make a determination of the individual's eligibility for vocational rehabilitation services, the severity of disability, and the extent of vocational rehabilitation needs.
The rates for reproduction of in-file records are found below (in accordance with CRS 25-1-801).

<table>
<thead>
<tr>
<th>Pages 1-10</th>
<th>$18.53 maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pages 11-40</td>
<td>$.85 per page</td>
</tr>
<tr>
<td>Pages 41+</td>
<td>$.57 per page</td>
</tr>
<tr>
<td>Review and/or edit in-file records is necessary prior to copying, if necessary</td>
<td>$10.50 maximum</td>
</tr>
<tr>
<td>Narrative medical report based on in-file records</td>
<td>$42.00 maximum</td>
</tr>
<tr>
<td>Records copied from microfilm</td>
<td>$1.50 per page</td>
</tr>
<tr>
<td>Records provided on a CD</td>
<td>$25.00 or the above rates, whichever is less</td>
</tr>
<tr>
<td>Postage</td>
<td>Usual and customary</td>
</tr>
</tbody>
</table>

**Out-of-State Medical Treatment**

An individual receiving services from DVR may receive medical services from out-of-state providers to the same extent as when furnished by in-state providers under one of the following conditions:

- Medical services are needed by an individual temporarily out of Colorado because of a medical emergency
- Needed medical services are more readily available in the state where the individual is temporarily located
- Out-of-state medical services are more accessible in areas adjacent to the Colorado border; or,
- It is more cost-effective to obtain medical services from an out-of-state provider

**Billing and Report Requirements**

**Billing:** All invoices for medical treatment services must be itemized. Whenever possible, the original invoice should be used for billing purposes.

Invoices from physician and non-physician providers must include the following information:

- Patient’s name
- Name of provider and his or her professional designation
- Itemized list of services provided
- Treatment rendered, such as modalities, time, intensity, and area treated, when applicable for a particular procedure such as physical therapy, anesthesia, and services reimbursed by time units;
- Dates of service
- Exact CPT code and CPT modifier(s), when applicable, for each service or procedure. If CPT codes are missing, they must be obtained prior to processing the bill for payment.

**Reports:** Any bill received from a medical service provider must include the service provider’s written report. Preparation of this report is considered part of the authorized service and does not warrant additional fees. This provision also applies
to required periodic progress reports for services, which extend over a period of time, such as physical therapy, psychotherapy, etc.

The report must include, at a minimum:
- Patient's diagnosis (periodic progress reports do not need to repeat the diagnosis)
- Description of the service provided
- Treatment procedures
- Outcome of treatment
- Identification of type of provider and credentials: If information has been gathered or synthesized by someone other than a doctor of medicine or a doctor of osteopathy, it is only acceptable when the actual report indicates through co-signature that it was prepared under the supervision of one of the above

Additional Report Requirements for Office Visits, CPT Codes 99201-99220:
- Summary of pertinent medical history
- Scope of examination
- Complexity of medical decision making which is consistent with the descriptions of office visits

Additional Report Requirements for Specialized Disability Assessments, CPT Codes 99455 or 99456:
- Summary of pertinent medical history
- Results of a sufficiently comprehensive physical examination
- Diagnosis
- Summary of capabilities
- Level of stability
- Functional limitations
- Proposed treatment, if any

Reports for physical medicine procedures (physical therapists and occupational therapists) must contain sufficient information to justify a CPT 97000-series office visit.

Reports accompanying unique procedures without relative values must also reflect the complexity of the procedure and the length of time required to complete the procedure.

**Additional Medical or Psychological Reports** (Procedure Codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07): Reports should include the provider's supplemental report, progress notes (other than required progress reports), or office notes, and should only be paid for when the counselor specifically requested them. For special narrative reports, the content should be established with the provider before the report is prepared.
CHAPTER 2: MEDICAL TREATMENT FACILITY SERVICES

Requirements
Treatment facilities (other than practitioner's offices) used for the provision of medical and psychological services must belong to one of the following groups and be licensed and/or certified in accordance with the Colorado Department of Public Health and Environment:
1. Hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations and licensed by the Colorado Department of Public Health and Environment;
2. Medical laboratories certified and in good standing as per surveys conducted by the Health Facilities Division of the Colorado Department of Public Health and Environment;
3. Free-standing or hospital affiliated health centers certified as Federal Qualified Health Centers by the U.S. Department of Health and Human Services;
4. Health clinics located in rural areas (Rural Health Clinics), which have been so certified under Medicare;
5. Federally designated community health centers (CHCs);
6. Community health clinics certified as community clinics by the State Department of Public Health and Environment;
7. Health Maintenance Organization facilities accredited by the National Committee for Quality Assurance (NCQA) and licensed as such by the Colorado Division of Insurance;
8. Ambulatory surgery centers (ASC) certified as such by Medicare and licensed by the Colorado Department of Public Health and Environment; or,
9. Nursing homes licensed by the Colorado Department of Public Health and Environment as an Intermediate Health Care Facility (IHCF) or as a Nursing Care Facility.

For more specific information go to: www.cdphe.state.co.us/hf

Medical Treatment Facility Rates: DVR uses hospital and clinic rate information developed and maintained by the Department of Health Care Policy and Financing (HCPF) to determine rates for treatment facility services. When services under this category(s) are deemed necessary, counselors provide the Physician Proposed Treatment Plan form to the physician. Once the physician provides all required information on this form, DVR field staff contact the Finance and Operations Unit (FOU) who provides current allowable rates in compliance with the Colorado Department of Health Care Policy and Finance. A sample of this form can be found in Appendix C.

In-State Inpatient Services
Hospital (Procedure Code 14300-01): A hospital provides diagnostic and therapeutic services by or under the supervision of physicians for the purpose of diagnosis, treatment, and care of an injured, disabled, or sick person. Hospitalization for more than 24 hours is considered inpatient and includes those items and services that are
ordinarily furnished by a hospital for the care and treatment of inpatients provided under the direction of a physician.

Inpatient hospital rates are determined by three separate factors:
1. A Diagnostic Related Grouping (DRG), established for each hospitalization stay;
2. A relative weight established for each DRG; and
3. An inpatient rate for the specific hospital, which is based on the hospital's patterns of service and expenditures.

A Diagnostic Related Grouping (DRG) is established for each hospitalization stay, reflects the type and complexity of the procedure(s) and treatment rendered, and the patient's general health and age. The DRG is commonly used by private insurance companies as well as the Medicaid and Medicare programs.

DVR uses hospital and clinic rate information developed and maintained by the Colorado Department of Health Care Policy and Financing (HCPF) to guide its rate setting for treatment facility services. When hospital care is deemed necessary, DVR field staff shall refer to Appendix D of the Fee Schedule to devise the correct “facility fee” to pay the hospital. If the provider does not include the “facility fee” as one of the line items on the claim form, then do NOT add the facility amount. All other services that are billed should be paid according to the Relative Values for Physicians (RVP) manual.

**Extended Care Facility** (Procedure Code 14700-01): DVR may provide services in an extended care facility when determined medically necessary by the treating physician and required on a continuous 24-hour basis. This need must be incorporated into a plan of treatment written by a physician, licensed and in good standing. In addition, DVR’s provision of extended care services should be predicated upon a reasonable assurance of progress toward sufficient functional and/or developmental improvement to enable the individual to become gainfully employed. This means that such services are only provided on a time-limited basis and for the purpose of facilitating the individual's recuperation or habilitation to the degree that he or she can complete the rehabilitation program.

DVR will only use extended care facilities that are appropriately licensed, employ qualified staff, and adhere to all regulations required by the Colorado Department of Public Health and Environment. The prescribing physician must identify whether the individual needs skilled or intermediate nursing services to determine the type of facility to be used, defined in Appendix B.

**In-State Outpatient Services**

**Hospital** (Procedure Code 14000-01): Outpatient hospital services are diagnostic, therapeutic, rehabilitative, preventive, and palliative items and services furnished in a hospital setting by or under the direction of a physician to an individual who is not receiving room and board or professional services on a continuous 24-hour-a-day basis. Outpatient hospitalization includes the use of an operating room, recovery room, surgical instruments, and supplies needed for the duration of the hospital stay.
DVR has established an Outpatient Hospital Facility Fee reimbursement rate for each hospital. When services under this category(s) are deemed necessary, DVR Field Services Staff shall refer to Appendix D of the Hospital Facility Fee Schedule to acquire the correct amount to pay the hospital for the facility fee. If the provider does not include the “Facility Fee” as one of the line items on the claim form, do NOT add the facility amount. All other services that are billed should be paid according to the RVP (Relative Values for Physicians) manual. Additional medical supplies or prosthetic devices furnished by the hospital are reimbursed separately when authorized by the treating physician. However, if such services are also billed by the treating physician, the counselor will need to determine which provider should be reimbursed before determining allowable fees.

**Community Health Centers and Clinics:** Medical services may be purchased from federally designated qualified health centers, rural health clinics, community health centers, and community health clinics. Each such health agency will only be reimbursed for those services for which it is certified. Clinics performing laboratory services must be certified as clinical laboratories in accordance with the Colorado Department of Health Care Policy and Financing (HCPF).

A physician must provide medical supervision and guidance for clinic services provided by physician assistants and nurse practitioners. This means that a physician must be present at the clinic for sufficient periods of time to provide guidance, prepare medical orders, and review clinic services. The physician must also be available at all times, by direct means of communication, for advice and assistance on patient referrals and medical emergencies. A clinic operated by a nurse practitioner or physician assistant may satisfy these requirements through agreements with one or more physicians.

Rates of payment for clinic services are governed by the procedures in Chapter 1 in accordance with the type of treatment rendered and the type of provider. Rates of payment are determined by the individual directly providing the services, not by the individual supervising treatment. Only one office visit per day will be paid to a clinic for treatment of a specific condition, regardless of the types of procedures performed. If same-day services are needed after the first visit to treat an additional illness or injury, payment for an additional office visit may be made. Depending on a clinic's relationship with the treating practitioner, all services may be billed by the clinic or billing may be shared between the clinic and practitioner. In all cases, reimbursement for a service shall only be made to the treating practitioner or the clinic. If both entities bill for the same services, the counselor will need to determine which provider will be reimbursed.

**Ambulatory Surgery Centers** (Procedure Code 14000-01): An ambulatory surgery center (ASC) is a distinct entity which operates exclusively for the purpose of furnishing outpatient surgical procedures. An ASC may be part of a hospital; however, the building space constituting an ASC must be physically separated from any other health services offered by a hospital.
ASCs are entitled to a facility fee for outpatient surgical services. The use of an operating room, a recovery room, surgical instruments and medical supplies, nursing and other technical personnel services, blood products and services, materials for anesthesia, and related diagnostic services are included in the ASC facility fee. Physician services (including surgeon, assistant surgeon, anesthesiologist, and certified registered nurse anesthetist), durable medical equipment, surgically implanted prosthetics, and services furnished by a certified independent laboratory are paid for separately under the procedures identified in Chapter 1.

When services under this category are deemed necessary, DVR Field Services Staff shall refer to Appendix D to acquire the correct amount to pay the ambulatory surgery center for the facility fee. You will need to take the first CPT code on the claim form and then refer to the group sections to locate what group the CPT code is listed. After you find the correct group number, you will then refer to page 1 of Appendix D and locate the group number that will indicate the facility fee. Pay RVP rates for each CPT code billed on the claim form in addition to the Group Rate.

**NOTE:** if you cannot find the CPT code in any of the groups, then do not pay a facility fee, only the RVP rates for CPT codes.

**Out-of-State Medical Facility Services**

An individual may receive facility treatment services from out-of-state providers to the same extent as when furnished by in-state providers under one of the following conditions:

- Medical services are needed by an individual temporarily out of Colorado because of a medical emergency;
- Needed medical services are more readily available in the state where the individual is temporarily located;
- Out-of-state medical services are more accessible in areas adjacent to the Colorado border; or,
- It is more cost-effective to obtain medical services from an out-of-state provider.

Out-of-state treatment facilities must meet the same standards as those used in Colorado, and they must be licensed or certified in accordance with the licensure laws of the state in which they operate.

**Billing**

Final outpatient or inpatient treatment facility rates cannot be established until after a bill has been received and reviewed. This means that counselors will authorize for treatment facility services prior to service delivery based on the treating physician's treatment plan, the type of facility to be used, and the anticipated length of stay.

Bills for hospitalization or other treatment facility services must contain the following information (normally submitted on a UB-92 form):

- Patient name and SSN
- The hospital or clinic provider name, number, and type of facility
- Dates of hospitalization
• Inpatient or out-patient status
• Itemized billing for services
• The Diagnostic Related Grouping (DRG) for inpatient hospital services
• CPT code of treatment rendered for outpatient service
CHAPTER 3: MEDICAL SUPPLIES AND EQUIPMENT

Medical Supplies (Procedure Code 15201-01): Whenever routine medical and surgical supplies are provided by the treating physician or by the facility in which treatment is conducted as part of the treatment protocol, payment is included in the fee for the physician or facility's services. Such supplies include absorbent pads or sponges, swabs, anesthetics, bandages and non-adherent dressings, gloves, oral medication, oxygen, saline for irrigation, suture supplies, syringes and needles, tongue blades, etc. When additional non-routine medical supplies or medical supplies for home-use are ordered by the treating physician, they may be purchased through the physician's office, pharmacies, medical supply dealers and companies, and/or discount retail outlets. The allowable rate of payment for medical supplies purchased from non-discount sources is 80% of the usual and customary charge. However if the needed supplies are available from a discount outlet whose normal price is substantially lower than other sources, counselors may pay up to 100% of the usual and customary discount charge.

Durable Medical Equipment (Procedure Code 15701-01): Durable medical equipment is equipment which can withstand repeated use and which generally does not have a value to the patient in the absence of an illness or injury. Durable medical equipment is normally available on a rental as well as purchase basis. Purchase of durable medical equipment, other than wheelchairs, are 80% of the usual and customary charge. In the rare instances that a hospital furnishes durable medical equipment to an individual for use in his or her home, the use of such equipment is considered part of the allowable hospital cost and does not warrant separate payment.

NOTE: See the Policy Manual on vendor selection for the purchase of wheelchairs and other adaptive equipment that must be customized to meet the client’s. Customized adaptive equipment does not require the use of the formalized bid process.

Rental and Repair of Durable Medical Equipment (Procedure Codes 15702-01, 15706-01): When the need for medical equipment is temporary, such equipment shall be rented rather than purchased as long as it is cost-effective to do so. Repair of durable medical equipment shall be made at the lowest usual and customary rate, as long as it is cost-effective to do so.
CHAPTER 4: DRUGS AND MEDICATIONS
(Procedure Code 15000-01)

Requirements
Medications must be prescribed by a licensed health care provider in good standing and in accordance with his or her licensure. Prescription medications, other than approved controlled substances being provided as part of a treatment program provided outside of a physician's office, may only be purchased from registered pharmacists, licensed in accordance with CRS 12-22 by the State Board of Pharmacy, pharmacies under the management of a licensed pharmacist, and/or drug outlets registered under CRS 12-22. Prescriptions may be dispensed by a pharmacy intern, also licensed by the State Board of Pharmacy as an intern, only when directly supervised by a licensed pharmacist.

Comparable Benefit: Everyone in Colorado is eligible for reduced price prescriptions using the Colorado Drug Card. Please go to www.coloradodrugcard.com for more information. Other comparable benefits may be available through drug manufacturers and/or physician offices and should be explored for possible utilization.

Rates of Payment: DVR will pay for medications at usual and customary rates. DVR purchases generic drugs for prescription medications unless the brand name is specified by the prescriber with a designation of "Dispense as Written." The maximum amount of medication that may be authorized and purchased by DVR at one time is a 30-day supply or the actual prescribed amount, whichever is less. Purchase of drugs or medication for more than three months requires review and approval by a supervisor and re-assessment after each 3-month period. Counselors will make maximum effort to locate comparable benefits.

Oral Medication: Oral medication administered in a physician's office is considered part of the physician's services and shall not be paid for separately.

Injections: Injectable drugs administered in a physician's office are payable to the physician. Such injections are usually provided in conjunction with an Evaluation/Management service. Except for chemotherapy agents, payment for an injection includes the cost of medication, associated supplies, and administration. Any drug provided by the physician for the patient to self-administer or be given at home shall be purchased from a pharmacy.

Controlled Substances: Methadone, LAAM, or other approved controlled substances may be purchased from a licensed drug and alcohol treatment program only when prescribed as part of the program’s treatment protocol for the eligible individual. Approved programs must be licensed under the Colorado Department of Human Services, Office of Behavioral Health. The maximum payment DVR will provide licensed drug and alcohol treatment programs for approved controlled substances is the usual and customary fee charged by the program to other
participants. No additional payment shall be made for the dispensing and/or administration of such medications. Prescription marijuana cannot be purchased.
CHAPTER 5: PROSTHETIC SERVICES

Requirements
Prosthetic devices such as eyeglasses, hearing aids, orthotic devices, wheelchairs, medical supplies, and occupational goods and services may be provided as necessary and appropriate to achieve an employment outcome.

Visual Prosthetic Devices
Visual services are provided to correct or modify a visual condition and to provide the individual with maximum visual acuity given impairment and functional limitations. Professional diagnostic and treatment services include the provision of ocular prostheses and aphakic corrective lenses.

Low vision evaluations may include an Evaluation and Management procedure (such as CPT codes 99205 or 99215) in addition to determination of refractive state (CPT code 92015). Low vision follow-up services should be reported using CPT code 99213. Allowable fees for such services depend on the type of provider and are determined in accordance with the procedures provided in Chapter 1 of the Fee Schedule.

Corrective Lenses
(Procedure Codes 18000-52, 18000-53, 18000-54, 18000-55, 18000-56, 18000-57, 18000-58, 18000-59, 18000-60, 18000-61, 18000-62, 18000-63, 18000-64, 18500-01, 18500-02, 18500-03, 18500-07, 18500-08, 18500-09): Corrective lenses must be prescribed in writing by a physician or optometrist who is appropriately licensed and in good standing. Lenses may be purchased from physicians, optometrists, or optical outlets whose lenses are ground by or under the supervision of an optician certified by the American Board of Optometry.

Eyeglasses (Procedure Codes 18000-01, 18000-65): Corrective eyeglasses include spectacle-mounted single element or telescopic low vision aids. DVR does not provide designer frames or frames made out of specialized materials, such as advanced metal alloys. However, high index lenses may be provided for individuals whose distance refraction is greater than or equal to minus 7 (-7).

NOTE: Hand-held low vision aids are considered assistive technology devices and are governed by rates in Chapter 10 of the Fee Schedule.

In addition, DVR does not purchase the following types of lens features unless medically prescribed for a particular visual condition or for specific working conditions related to the individual’s chosen vocational goal:
- Contact lenses
- Tinted lenses
- Photochromic lenses
- Scratch resistant lenses
- Lens hardening

Repair of Eyeglasses (Procedure Code 18006-01): The maximum rate for the repair of eyeglasses is the lowest available usual and customary charge.
Chapter 5: Prosthetic Services

Rates of Payment: DVR has established a structure for allowable fees for the purchase of eyeglasses and contact lenses that is not based on the RVP procedures due to the wide variation of availability and cost across the State. Counselors, however, still should purchase glasses "at the least possible cost," regardless of the maximum fee established in the Fee Schedule, and document the need in the service record.

Some vision prescriptions may not fall into one of the routine categories. In such cases, the counselor will use the maximum fees listed as the base rates and have the dispensing optician specify the additional costs required to fill the ophthalmologist/optometrist's prescription.

<table>
<thead>
<tr>
<th>Corrective Eyeglasses</th>
<th>Single Lens</th>
<th>Pair of Lenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frames</td>
<td>$82.25</td>
<td>$82.25</td>
</tr>
<tr>
<td>Single Vision</td>
<td>$46.75</td>
<td>$93.50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$70.55</td>
<td>$141.10</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$81.20</td>
<td>$162.40</td>
</tr>
<tr>
<td>High Index*</td>
<td>$55.58</td>
<td>$111.16</td>
</tr>
<tr>
<td>Transition*</td>
<td>$51.06</td>
<td>$102.12</td>
</tr>
<tr>
<td>Progressive*</td>
<td>$113.85</td>
<td>$227.71</td>
</tr>
</tbody>
</table>

*These amounts are added to the cost of the glasses if medically prescribed for a particular visual condition or for specific working conditions related to the individual's chosen vocational goal.

<table>
<thead>
<tr>
<th>Contact Lenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Hard Lenses</td>
<td>$190</td>
</tr>
<tr>
<td>High Rx</td>
<td>$190</td>
</tr>
<tr>
<td>Keratoconic</td>
<td>$220</td>
</tr>
<tr>
<td>Toric (3 month supply)</td>
<td>$189.21-$1498.98</td>
</tr>
<tr>
<td>Soft Lenses (3 month supply)</td>
<td>$37.50</td>
</tr>
</tbody>
</table>

The maximum allowable fee for contact lenses is the lower of the rates identified above or the actual billed charge.

Ocular Prostheses and Intraocular Lenses (Procedure Codes 16500-08, 16500-08, 16500-08): Payment for ocular prostheses and intraocular lenses provided by the treating physician or the treatment facility follow the procedures outlined in Chapter 1. However, ocular prostheses provided by a prosthetist are identified by HCPCS codes V2623-2632.

Ocular prostheses are identified by HCPCS codes, and those in the following table may be purchased by DVR. Glass and plastic stock eyes are no longer provided. In addition, glass custom eyes are only prescribed in cases where a previous glass eye
is being replaced. Glass custom eyes are not available in the United States and must be purchased from Germany.*

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Ocular Prosthesis</th>
<th>Allowable Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2623</td>
<td>Prosthetic eye, plastic custom</td>
<td>$905.68</td>
</tr>
<tr>
<td>V2624</td>
<td>Polishing/resurfacing ocular prosthesis</td>
<td>$73.83</td>
</tr>
<tr>
<td>V2626</td>
<td>Enlargement of ocular prosthesis</td>
<td>$190.23</td>
</tr>
<tr>
<td>V2627</td>
<td>Reduction of ocular prosthesis</td>
<td>$1596.47</td>
</tr>
<tr>
<td>V2628</td>
<td>Fabrication/fitting of ocular confirmers**</td>
<td>$386.80</td>
</tr>
<tr>
<td>V2629</td>
<td>Prosthetic eye, other**</td>
<td>$1,792.43 - $2,581.25</td>
</tr>
<tr>
<td></td>
<td>Glass custom eye</td>
<td>$826 - $1,032.50</td>
</tr>
<tr>
<td>V2630</td>
<td>Anterior chamber intraocular lens</td>
<td>$113.49</td>
</tr>
<tr>
<td>V2631</td>
<td>Iris supported intraocular lens</td>
<td>$113.49</td>
</tr>
<tr>
<td>V2632</td>
<td>Posterior chamber intraocular lens</td>
<td>$113.49</td>
</tr>
</tbody>
</table>

* Used as initial prosthesis following surgery
** Used when the injury is more severe and requires special or additional construction to fit the deformity.

The maximum allowable fee for an ocular prosthesis is the lower of the rates identified above or the actual billed charge.

**Hearing Aids**

DVR purchases hearing aids related to the individual’s medical condition and from the recommendations received from an audiologist, hearing aid provider, or ENT who is appropriately licensed, certified, and/or registered and in good standing with the Office of Audiology Licensure. In addition, the nature and working conditions of the consumer’s employment outcome must be considered. Reference CRS 12-5.5-101 and CRS 12-5.5-201.

**Hearing Assessments and Hearing Aid Evaluations**

**Hearing Assessments** (Procedure Code 01700-08): This service to assess extent of hearing loss includes the complete audio logic history, full diagnostic evaluation including pure tone/bone conduction testing, speech discrimination, tympanometry, and acoustic reflex testing, and full report to DVR.

**Hearing Aid Evaluations** (Procedure Code 01750-05): This service determines the potential need for hearing aids, including possible assistive listening devices and/or technology, and full written report, including recommendations, to DVR.

**Hearing Aid Purchases**

**Hearing Aid Volume Purchase Contract/HAVPC** (Procedure Code 17000-05): DVR has entered into contractual relationships with a number of hearing aid manufacturers by participating in a multi-state cooperative agreement administered by the State of Minnesota Cooperative Purchasing Venture (MNCPV). Hearing aid
service providers must provide hearing aids under the terms of the Hearing Aid Volume Purchase Contract (HAVPC).

- Pre-authorization is required
- Contract rate authorized to the hearing aid vendor
- Dispensing Fee is authorized to the hearing aid vendor.

### Hearing Aid Volume Purchase Contract Pricing

You can also copy and paste this link:

### Hearing Aids Not on the Hearing Aid Volume Purchase Contract (non-HAVPC, Procedure Code 17000-06):

Service provider must provide DVR the reasons the contract aids will not meet the recipient's needs and reasons the non-contract aid will meet the recipient's needs (describe extenuating circumstances that eliminate the possible use of a contract aid).

Exceptions to purchasing hearing aids from the contract include:

- Overall lower cost, including dispensing fee
- No approved vendors to provide services within a geographic area
- No aid available from the contract that will meet a client’s employment needs

When purchasing hearing aids outside the HAVPC contract, DVR will only pay the price the vendor paid for the non-contract aid (no markup). Appropriate documentation of cost should be submitted when invoicing, including at-cost fee and dispensing fee. All non-HAVPC aids must go through DVR Supervisor I consultation.

### Dispensing Fee (Procedure Code 17000-07):

DVR will reimburse the hearing aid service provider one dispensing fee per hearing aid for a recipient. Claims are not eligible for payment until after the hearing aid is dispensed.

The dispensing fee includes:

- Provision of at least three hearing aid batteries per aid to operate the hearing aid
- Informing the recipient of the trial period
- Instructing and counseling the recipient on use and care of the hearing aid
- A written copy of the manufacturer's warranty (all warranties will be a minimum of 24 months)
- Returning the hearing aid to the manufacturer for repair during the 24-month warranty period for parts and labor

Providers may request authorization for an additional dispensing fee when providing a replacement hearing aid, even if a dispensing fee had been previously paid. For example, an additional dispensing fee may be authorized when hearing aids are replaced under the loss and damage warranty. Additional dispensing fees will not be
authorized for replacing an unsatisfactory hearing aid during the required trial period.

**Trial Period:** Hearing aids that are not satisfactory to the user may be returned to the audiologist within 90 days after the dispensing date. The trial period consists of 90 consecutive days beginning the day the hearing aid is provided to the recipient. If the audiologist prescribes a hearing aid to replace the unsatisfactory aid, the hearing aid service provider (after consultation with the DVR counselor) can order the prescribed replacement aid once given authorization.

**Hearing Aid Parts** (Procedure Code 17101-01): Check for hearing aid features included in the original purchase price. Parts include batteries and any other part not included in the HAVPC contract.

**Hearing Aid Repairs** (Procedure Code 17006-01): DVR does not cover repairs or the cost of returning the aid to the manufacturer while the aid is under warranty. To verify the hearing aid warranty has expired, hearing aid service providers must obtain the purchase date and purchase warranty expiration date from the manufacturer and submit with hearing aid repair estimate for pre-authorization of needed repairs. All hearing aid repairs are required to have a minimum six months’ warranty, whether sent to the manufacturer or performed by the hearing aid service provider. Most manufacturers on the HAVPC provide a 1-year repair warranty. However, some provide repair warranties as long as 24 months. Providers are responsible to check the manufacturer’s repair warranty information listed on the contract from which the hearing aid was obtained.

---

<table>
<thead>
<tr>
<th>Description</th>
<th>Services</th>
<th>BY PREAUTHORIZATION ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Assessment</td>
<td>Includes complete audiological history and full diagnostic evaluation, including pure tone/bone conduction testing, speech discrimination, tympanometry, acoustic reflex testing, needs assessment, technology evaluation and full report to DVR.</td>
<td>Hearing Assessment $90 Hearing Aid Evaluation $75 Paid directly to vendor</td>
</tr>
<tr>
<td>Hearing Aid Evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The hearing aid service provider must inform the recipient of the beginning and ending dates of the trial period, repair warranty, and loss & damage warranty.

The hearing aid repair rate is determined by the HAVPC under which the aid was purchased. The HAVPC contract requires manufacturers to honor the contracted repair rate for the life of the hearing aid following the expiration of the contract.
### Hearing Aids

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000-10, HAVPC</td>
<td>Obtained through Hearing Aid Volume Purchase Contract (HAVPC)</td>
<td>See HAVPC for pricing/plan details, plus shipping costs. Justification and Supervisor I approval required for non-HAPVC aids, at cost</td>
</tr>
<tr>
<td>17000-11, non-HAVPC</td>
<td>12-Month loss/damage 24-Month parts/labor</td>
<td></td>
</tr>
</tbody>
</table>

#### Dispensing Fee

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000-12</td>
<td>Includes fitting, batteries, orientation to device(s)/care, copy of warranty, and trial period.</td>
<td>$700.00/aid</td>
</tr>
</tbody>
</table>

#### Follow-up/In-office Services

<table>
<thead>
<tr>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine in-office service for the warranty of the hearing instrument at no additional charge. Includes reprogramming, tube changes, cleanings, instrument checks and in-office repairs.</td>
<td>N/C for the warranty of the aid(s) (Included in dispensing fee)</td>
</tr>
</tbody>
</table>

#### Annual Hearing Screening/Check-ups

<table>
<thead>
<tr>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete audio logic history, otoscopic examination of ear canal, threshold testing via insert earphones, and report when requested.</td>
<td>N/C for the warranty of the aid(s) (Included in dispensing fee)</td>
</tr>
</tbody>
</table>

#### Replacement Fee(s), Under Warranty

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000-13</td>
<td>Replacement of technology including impressions, reprogramming, and re-fitting of replacement product (does not include ear mold replacement).</td>
<td>DVR pre-authorization or client-funded; cost variances for replacement aid can cause an increase or decrease over original cost</td>
</tr>
</tbody>
</table>

#### Hearing Aid Parts

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>17101-01</td>
<td>Includes ear molds, batteries, and any other part not included in the HAPVC or original purchase.</td>
<td>DVR pre-authorization or client-funded</td>
</tr>
</tbody>
</table>

#### Out-of-Warranty Repairs

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>17006-04 for HAPVC; 17006-05 for non-HAPVC</td>
<td>Includes assessment of repair need, handling, and all re-programming/re-fitting.</td>
<td>DVR pre-authorization or client-funded HAVPC aid: per HAVPC contract plus $50.00 paid directly to vendor Non-HAPVC aid: Cost of repair plus $50 paid directly to vendor</td>
</tr>
</tbody>
</table>

### Cochlear Implants

- **Cochlear Implant Device** (Procedure Code 17000-09)
- **Surgical Procedure** (Procedure Code 17000-04): The allowable fees for surgical installation of a cochlear implant, including surgical and anesthesia services, hospitalization, and required devices at the lowest available usual
and customary rate. Both pre- and post-surgical aural rehabilitation services are included in the surgical fees.

For individuals with insurance (private, Medicaid or Medicare), the surgery will likely be paid for through these resources.

**Other Prosthetic Devices**  
(Procedure Codes 16500-01, 16500-02, 16500-03, 16500-04, 16500-05, 16500-06, 16500-07, 16500-08, 16500-09, 16500-10, 16500-11)

Medical prescriptions from qualified providers are required for prosthetic devices. Prosthetic and other medically-prescribed items necessary to implement a physical restoration plan may be purchased without use of the State bid process.

Prosthetics will be purchased at usual and customary rates.

**Other Orthotic Devices** (Procedure Code 16850-01)

Orthotics devices are designed, developed, fitted and manufactured to support or correct musculoskeletal deformities and/or abnormalities. Medical prescriptions from qualified providers are required for orthotic devices. Orthotic and other medically prescribed items necessary to implement a physical restoration plan may be purchased without use of the State bid process.

Orthotic devices will be purchased at usual and customary rates.
CHAPTER 6: DENTAL RESTORATION SERVICES

Requirements
Dental restoration services are only provided to correct or modify a dental condition that creates a substantial vocational impediment, or which, in connection with other conditions, has resulted or is likely to result in barriers to employment. Dental services shall only be provided by dental practitioners licensed under CRS 12-35-109 by the State Board of Dental Examiners. The scope of services provided by licensed dentists and dental hygienists is limited to that allowed under their specific licensure provisions.

Preventative dental services and treatment of dental difficulties in acute states are normally outside the scope of vocational rehabilitation services authorized under the Rehabilitation Act of 1973, as amended. The provision of dentures or orthodontic services is likewise limited to those necessary for the individual to become employed in his or her chosen employment goal.

NOTE: New technologies in dental restoration, such as dental implants, offer an outcome that may last longer than other restoration alternatives, however, the cost is rarely the least possible cost. Once the rehabilitation counselor has determined that dental restoration services are necessary and appropriate for the client to obtain or maintain employment, the rehabilitation counselor must select the dental restoration treatment service(s) that is least possible cost.

Diagnostic Dental Services (Procedure Codes 01200-01, 01250-01, 01300-01, 01300-02, 01300-03, 01300-04, 01300-05, 01300-06, 01300-07, 01300-08, 01300-09, and 01300-10): When necessary to establish eligibility and to determine the individual's vocational rehabilitation needs, the counselor will obtain a dental evaluation (and x-rays, if indicated). The general dentist will usually include procedures unrelated to the vocational impediment as part of a comprehensive treatment plan. Therefore, it is particularly important that the DVR limitations placed on the purchase of dental work be made available to the dentist at the time of evaluation.

Dental Consultation (Procedure Code 01900-07): A dentist who is a DVR vendor may review proposed treatment plan(s), if needed.

Dental Treatment Services (Procedure Codes 11200-01)

Orthodontic Treatment Services (Procedure Code 11250-01)

Dental X-Rays or Lab Required for Restoration (1300-01, 11300-02, 11300-03, 11300-04, 11300-05, 11300-06, 11300-07, 11300-08, 11300-09, 11300-10)
Payment for dental treatment services is paid at the usual and customary rates.

<table>
<thead>
<tr>
<th>DENTAL PROCEDURE</th>
<th>ALLOWABLE FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Oral Examination</td>
<td>$60.00</td>
</tr>
<tr>
<td>Radiographs</td>
<td></td>
</tr>
<tr>
<td>Complete intraoral, includes bitewings</td>
<td>$99.00</td>
</tr>
<tr>
<td>Periapical intraoral, first film</td>
<td>$22.00</td>
</tr>
<tr>
<td>Periapical intraoral, each additional</td>
<td>$22.00</td>
</tr>
<tr>
<td>Occlusal intraoral</td>
<td>$22.00</td>
</tr>
<tr>
<td>Panoramic film</td>
<td>$99.00</td>
</tr>
<tr>
<td>Single Bitewings, first</td>
<td>$22.00</td>
</tr>
<tr>
<td>Bitewings--two films</td>
<td>$33.00</td>
</tr>
<tr>
<td>Bitewings--four films</td>
<td>$52.00</td>
</tr>
</tbody>
</table>
CHAPTER 7: NON-MEDICAL ASSESSMENT SERVICES

Assessment can be provided for determining eligibility, severity of disability, and vocational rehabilitation needs.

Vocational Evaluation

Standardized Vocational Evaluation (Procedure Codes 08000-01 and 08000-02): Type of vocational evaluation utilizing formalized testing tools and standard protocols. Standardized vocational evaluations typically involve the use of formalized normed work samples, such as the Valpar written test, etc. A standardized vocational evaluation must be conducted by an individual who is qualified to administer the standardized assessment tools.

Payment for a Comprehensive Evaluation:
- 10+ hours of direct consumer assessment
- Up to $520.00
- Covers all costs for the assessment, including preparation of a written evaluation report

Payment by the Hour:
- 1-9 hours of direct consumer assessment
- Up to $52.00/hour
- Covers all costs for the assessment, including preparation of a written evaluation report

Situational Assessment (SA): Assesses work behaviors, interpersonal skills, and job-related skill levels for purposes of establishing eligibility, providing Trial Work Experience (TWE), or developing an Individualized Plan for Employment (IPE). They may take place in community-based settings, including real-life work settings and transitional employment settings, or in facility-based settings, such as community rehabilitation program facilities. Situational assessments may be used for supplemental evaluations.

Typically, all SAs are provided one-on-one. However, DVR will allow for payment to be made when the service is being provided simultaneously to multiple individuals as follows:
- 1-3 individuals - 100% of identified direct service one-on-one rate per individual
- 4-6 individuals - 50% of the identified direct service one-on-one rate per individual

Facility-Based SA (Procedure Code 08150-01, 08150-02, 08150-03, 08150-04): Assessment is provided in a community rehabilitation program, clubhouse, etc. and cannot exceed two full months.

Monthly Payment Rate:
- Full month of service (30+ hours) of direct consumer service is provided
- Up to $630.00
• Covers all costs for the assessment, including preparation of a written evaluation report

**Payment for Partial Months:**
• 1-29 hours
• Up to $21.00/hour of direct consumer assessment time
• Covers all costs for the assessment and preparation of monthly written reports

**Community-Based SA** (Procedure Code 08100-01, 08100-02, 08100-03, 08100-04): Assessment is provided at job sites in the community and can be used for work experiences, job shadowing, and/or supplemental evaluations.

**Monthly Payment Rate:**
• Full month of service (30+ hours) of direct consumer service is provided
• Up to $1,230.00
• Covers all costs for the assessment, including preparation of a written evaluation report

**Payment for Partial Months:**
• 1-29 hours of direct on-site consumer service provision
• Up to $41.00 per hour of on-site assessment time
• Covers all costs for the assessment, including preparation of monthly written reports

**Standard 2-Week Community-Based Situational Assessment** (Procedure Code 08100-05): Rather than providing an individual with uniquely designed situational assessment services, a standard 2-week situational assessment uses standardized protocols and practices for all participating individuals.

**Payment Rate:**
• Up to $630.00
• Covers all costs for the assessment, including preparation of a written evaluation report

**Job Site Evaluation** (Procedure Code 08100-06): Limited community-based SA that consists of observing an individual on a specific job to determine if the particular job and/or work setting are appropriate for the individual and what accommodations may be needed.

**Payment Rate:**
• Up to $41.00/hour of direct, on-site consumer observation
• Covers all costs for the assessment, including preparation of monthly written reports
• Maximum of three hours
Farm/Ranch Evaluation (Procedure Code 08100-07): On-site evaluation of an individual’s skills, behaviors and needs in areas related to employment in production agriculture.

**Payment Rate:**
- One-time flat rate of up to $1700.00
- Includes written reports, vendor travel, training and consultation of the consumer, and additional consultation and technical support, as necessary

Payment to Employers for Use of a Work Site/Location (Procedure Codes 08107-01, 08107-02): Payment to an employer when the employment setting provides an integrated, competitive work environment, the individual’s performance provides no net benefit to the employer, and the employer is not being paid by DVR to provide any other service to the individual.

**Monthly Payment Rate:**
- 30+ hours of onsite time per month
- Up to $540.00/month
- Maximum of two months

**Payment for Partial Months:**
- 1-29 hours per month
- Up to $18.00/hour
- Maximum of two months

Community-Based Site Set Up (Procedure Code 27050-01): Payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, paid work experience, or trial work experience. This is a one-time site development fee, which is only paid if the site is successfully secured. If an agency already has an established site, payment will not be made.

**Payment Rate:**
- Up to $52.00/hour
- Maximum of two hours ($104.00)

Personal Adjustment Evaluation
A personal adjustment evaluation is an individualized and systematic process to evaluate an individual’s skills, behaviors, and needs in the areas of independent living, communications, homemaking, mobility, orientation and community travel, and personal functioning.

Typically, all Personal Adjustment Evaluations are provided one-on-one. However, DVR will allow for payment to be made when the service is being provided simultaneously to multiple individuals as follows:
- 1-3 individuals - 100% of identified direct service one-on-one rate per individual
- 4-6 individuals - 50% of identified direct service one-on-one rate per individual
Personal Adjustment Evaluation for Persons with Disabilities Other Than Visual Impairments

**Facility-Based** (Procedure Codes 08250-01, 08250-02, 08250-03, and 08250-04): Evaluation is typically provided in a community rehabilitation program, clubhouse, independent living center, or residential facility.

**Monthly Payment Rate:**
- 30+ hours of direct consumer service provision in a month
- Up to $480.00
- Covers all costs for the assessment, including preparation of a written evaluation report
- Maximum of two months

**Payment for Partial Months:**
- 1-29 hours of direct consumer service provision
- Up to $16.00/hour
- Covers all costs for the evaluation and preparation of monthly written reports
- Maximum of two months

**Community-Based** (Procedure Codes 08200-01, 08200-02, 08200-03, and 08200-04): Evaluations provided at an individual's home or in community environments.

**Monthly Payment Rate:**
- 25+ hours of direct on-site consumer service provision
- Up to $650.00
- Maximum of two months
- Covers all costs for the assessment, including preparation of a written evaluation report

**Payment for Partial Months:**
- 1-24 hours of direct on-site consumer service provision
- Up to $26.00/hour
- Covers all costs for the assessment including preparation of monthly written reports
- Maximum of two months

Personal Adjustment Evaluation for Persons with Visual Impairments

**Facility-Based** (Procedure Codes 08350-01, 08350-02, 08350-03, and 08350-04): Evaluation for an individual who is blind is typically provided in a community rehabilitation program, clubhouse, independent living center, or residential facility.

**Monthly Payment Rate:**
- 30+ hours of direct consumer service provision
• Up to $630.00
• Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility evaluation and preparation of a written evaluation report

**Payment for Partial Months:**
• 1-29 hours of direct consumer service provision
• Up to $21.00/hour
• Covers all costs for the evaluation including a rehabilitation teaching evaluation and a mobility assessment, and preparation of monthly written reports

**Community-Based** (Procedure Codes 08300-01 08300-02, 08300-03, and 08300-04): Evaluations are provided at an individual's home or in community environments.

**Monthly Payment Rate:**
• 25+ hours of direct on-site consumer service provision
• Up to $775.00
• Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility assessment, preparation of a written evaluation report

**Payment for Partial Months:**
• 1-24 hours of direct on-site consumer service provision
• Up to $31.00/hour

Covers all costs for the assessment, including a rehabilitation teaching evaluation, a mobility assessment, and preparation of a written evaluation report

**Orientation & Mobility Evaluation** (Procedure Code 08370-01)

**Payment Rate:**
• $57.00/hour
• *Covers all costs for the assessment, including preparation of a written evaluation report*
• Can ONLY be provided one-on-one

**Rehabilitation/Assistive Technology Evaluation**
Rehabilitation/Assistive technology assessments are provided to identify the assistive technology devices, assistive technology services, and/or rehabilitation engineering services that are necessary for the individual to participate in vocational rehabilitation evaluations and Individualized Plan for Employment. Assistive technology assessments are a type of rehabilitation technology evaluation, and its focus is limited to assessing an individual's need for assistive technology devices.
Facility Setting (Procedure Code 08400-01)

Payment Rate:
- Up to $465.00
- Covers all costs for the assessment, including preparation of a written evaluation report

Community Setting (Procedure Code 08400-02): DVR will pay an additional fee if the evaluation needs to be conducted at a site in the community.

Payment Rate:
- Additional $80.00 (up to $545.00) of direct consumer assessment
- Covers all costs for the assessment, including preparation of a written evaluation report

Adaptive/Specialized Driving Evaluation (Procedure Code 08450-01): Evaluations conducted to determine if the consumer is able to drive with or without the use of adaptive driving equipment. This may include a vehicle evaluation to determine if the individual is able to drive the vehicle using the recommended adaptive equipment. Specialized driving evaluations are necessary when the disability-related needs of the individual cannot be assessed by a non-specialized driving instructor. All adaptive/specialized driving evaluations must be completed by a Certified Driver Rehabilitation Specialist (CDRS).

Payment Rate:
- Up to $140.00/hour of direct consumer assessment
- Covers all costs for the assessment, including preparation of a written evaluation report

Occupational Testing and Exams

Payment Rate (Procedure Code 08903-01): Payment by DVR for testing and examination fees will be at the usual and customary rates charged to other individuals or entities.

Requests for Background Checks, Transcripts, and Vocational Reports

Payment Rate for Background Checks (Procedure Code 08903-03): Payment for a copy of a criminal background check will be at the usual and customary rates charged to other individuals or entities.

Payment Rate for Transcripts (Procedure Code 08943-01): Payment for a copy of transcripts is made at the usual and customary rates charged other individuals or entities.

Payment Rate for Copies of Vocational Reports (Procedure Codes 01999-01, 01999-02, 01999-03, 01999-04, 01999-05, 01999-06, 01999-07):
- Up to $18.53 for pages 1-10
- $.85/page for pages 11-40
- $.57/page for pages 41+
- Additional $10.50 for reviewing and/or editing in-file information prior to copying, if necessary
- Up to $42.00 for a narrative vocational report based on in-file information (rate applies only if report alone is requested)
- $1.50/page for records copied from microfilm
- $25.00 for copies provided on a CD or at the above rates, whichever is less
Chapter 8: Training Services  DVR Fee Schedule

CHAPTER 8: TRAINING SERVICES

Community-Based Site Set-Up Fee (Procedure Code 27050-01): Payment to a vendor for finding, developing, and securing a new community-based site for adjustment training, assessments, evaluations, paid work experience, or trial work experience.

**Payment Rate**
- $52.00/hour, up to two hours (maximum $104.00)
- One-time, paid only if site is successfully secured
- No payment for previously established site

Payment to Employer for Use of a Work Site/Location (Procedure Codes 08107-01, 08107-02): Payment made to an employer for allowing DVR to use a work site for adjustment training, assessments, evaluations, paid work experience, or trial work experience only when the applicant's or eligible individual's work performance provides no net benefit to an employer and no other service is being purchased from the employer for the individual.

**Monthly Payment Rate:**
- 30+ hours of onsite time
- Up to $540.00/month
- Cannot exceed two months

**Payment Rate for Partial Months:**
- Less than 30 hours per month
- Up to $18.00/hour
- Cannot exceed two months

Assistive Technology: Separate payment can be made for the purchase of assistive technology devices necessary for individual to participate.

Adjustment Training
Adjustment training encompasses Work Adjustment Training (WAT), Personal Adjustment Training (PAT), as well as other important services that are sub-sets of WAT and PAT.

Work Adjustment Training (WAT): Training provided to help individuals with disabilities adjust behavior and/or develop compensatory skills in vocational areas, such as peer work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Includes training to improve an individual's interpersonal skills to the degree necessary to engage in employment. WAT is provided to individuals in integrated community settings to the maximum extent possible.

Facility-Based WAT (Procedure Codes 21050-01 and 21050-02): WAT provided directly to the individual at a community rehabilitation program, clubhouse, etc.
**Monthly Payment Rate:**
- 30+ hours of direct individual instruction
- Up to $630.00/month
- Covers all costs for WAT, including preparation of periodic written reports

**Payment Rate for Partial Months**
- 1-29 hours of direct individual instruction
- Up to $21.00/hour
- Covers all costs for WAT, including preparation of periodic written reports

**Community-Based WAT** (Procedure Codes 21000-1, 21000-2, 21000-3, 21000-4): WAT provided directly to the individual on-site at real work or transitional employment sites, etc. in the community.

**Monthly Payment Rate**
- 30+ hours
- One-to-One: Up to $1,230.00
- Group Settings: Up to $600.00/individual
- Covers all costs for WAT, including preparation of periodic written reports

**Payment Rate for Partial Months**
- 1-29 hours
- One-to-One: Up to $41.00/hour
- Group Settings: Up to $20.00/hour per individual
- Covers all costs for WAT, including preparation of periodic written reports

**Standard 2-Week Community-Based WAT**: Standardized protocols and practices for all participating individuals.

**Payment Rate:**
- Up to $630.00
- Covers all costs for the training, including preparation of periodic written reports

**Personal Adjustment Training (PAT)**: Training provided to help individuals with disabilities develop compensatory skills and/or to adjust behavior in the areas of independent living, communications, homemaking, personal mobility and ability to travel in the community, and personal functioning.

**Facility-Based PAT for Persons with a Disability Other than Visual Impairment** (Procedure Codes 21250-1, 21250-2): PAT provided directly to individual, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility.

**Monthly Payment Rate:**
- 30+ hours of direct individual service provision
- Up to $480.00/month
- Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
• Includes use of assistive technology devices necessary for the individual to participate in the training program

**Payment Rate for Partial Months:**
• 1-29 hours of direct individual service provision
• Up to $16.00/hour—covers all costs for the training
• Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
• Includes use of assistive technology devices necessary for the individual to participate in the training program

**Community-Based PAT for Persons with a Disability Other than Visual Impairment** (Procedure Codes 21200-01, 21200-2): PAT provided directly to individual at individual's home or other community site.

**Monthly Payment Rate**
• 25+ hours of direct on-site instruction
• Up to $680.00
• Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area

**Payment Rate for Partial Months**
• 1-24 hours of direct on-site instruction
• Up to $26.00/hour
• Covers all costs for instruction, including preparation of monthly written reports and the provider's travel to sites within the provider's normal service delivery area

**Facility-Based PAT for Persons with a Visual Impairment** (Procedure Code 21350-01): PAT provided directly to individual with visual impairment, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility.

**Monthly Payment Rate**
• Up to $4000.00
• Includes all costs required for rehabilitation teaching, orientation and mobility, communications training, braille instruction, daily living skills training, basic computer orientation, home maintenance instruction, instruction in personal management, social development, self-esteem building, and adjustment to blindness
• Includes the use of assistive technology devices necessary for the individual to participate in the training program
• Covers costs associated with the preparation of periodic written reports and the provider's travel within the provider's normal service delivery area
Community-Based PAT for Persons with a Visual Impairment (Procedure Codes 21300-01, 21300-02): PAT provided directly to individual with visual impairment at individual’s home or other community site.

**Monthly Payment Rate:**
- Full month of service provision (25+ hours of direct on-site instruction)
- Up to $770.00/month
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including the preparation of periodic written reports

**Payment Rate for Partial Months**
- 1-24 hours of direct on-site individual service provision
- Up to $31.00/hour
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including preparation of periodic written reports

Orientation & Mobility Training (Procedure Codes 21370-01, 21370-02)
Orientation & Mobility Training is instruction to help a consumer develop or re-learn skills and concepts to travel safely and independently within the home and the community.

**Payment Rate:**
- $57.00 and can ONLY be provided one-on-one
- Covers instructional costs for all components of orientation and mobility training, including preparation of periodic written reports

Communication Skills Training (Procedure Codes 21500-01, 21500-02, 21500-03, 21500-04): Specialized visual, auditory or sign language communication training needed by an individual with a disability to communicate with others.

**Payment Rate:**
- One-to-One Instruction: Up to $26.00 per hour
- Adult Learning Programs: Lowest available usual and customary tuition rate charged to other individuals and entities


**Payment Rate:** Up to $78.30/quarter hour

On-the-Job Training (OJT, Procedure Codes 27300-01, 27300-02, 27300-03, 27300-04): Job skill training provided by the employer in an employment setting after placement has been secured with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful. The training fee paid to the employer by DVR is designed to offset the employer’s costs
for lost productivity while training the consumer to perform job duties satisfactorily. All on-the-job training arrangements will be documented using DVR’s On-the-Job Training document.

**Requirements:** Individuals must be compensated by the employer at the usual and customary wages for the required skill level and type of position in which the individual is placed.

- Typical training period shall not exceed three months. When three months of on-the-job training is insufficient to permit the consumer to develop the skills necessary to perform the job duties satisfactorily, the counselor may approve additional months of training in 1-month increments. For each additional month approved, a new OJT Agreement must be developed. The total number of months of on-the-job training shall not exceed six months.
- Payment includes written monthly training reports from the employer that identifies, at a minimum, the training content/skills taught during the month and the degree of mastery demonstrated by the consumer.
- Payment for both on-the-job training and an employment stipend to the same employer is not allowed.

**Monthly Payment Rate:** Payment is made to the employer in accordance with the individual’s wages during the training period.

- First month cannot exceed 75% of the individual’s salary or wage
- Second month cannot exceed 50% of the individual’s salary or wage
- Third month cannot exceed 25% of the individual’s salary or wage

**Note:** Variation from the payment schedule outlined above is permitted if justified. However, payment for any month cannot exceed 75% and the total payments for the term of the OJT Agreement cannot be more than 50% of the individual’s salary or wage.

**Paid Work Experience** (PWE, Procedure Code 27600-02): Training provided in a competitive and integrated employment setting in which the recipient of the service performs real work while receiving wages for all time spent on the job. (For Job Seeking Skills Training and Job Coaching, see Chapter 14, “Job Search and Placement Services”)

**Requirements**

- Paid Work Experience must result in at least one of the following outcomes for the client:
  - Acquisition of occupational skills
  - An opportunity to demonstrate competitive employment skills
  - An opportunity to try-out employment accommodations
  - Completion of internships/externships which culminate in the receipt of an occupational or academic degree, certificate, or endorsement
  - Work experience in an employment field or occupational area
  - Acquisition of current work history
  - Vendor must be a staffing or payroll agency registered as a DVR vendor
Vendor handles every aspect of the payroll administrative process from implementing time keeping to delivery of paychecks
Vendor assumes all legal obligations for the trainee, including issuing wages earned, calculating and withholding payroll deductions, and providing unemployment insurance and worker’s compensation coverage
Vendor compensates client at prevailing a competitive wage

**Purchasing Procedures**
- DVR staff person identifies an employer who is willing to provide a Paid Work Experience for a client
- DVR staff person contacts a registered Paid Work Experience vendor and provides them the client’s information needed for the vendor’s payroll services. The vendor will supply the occupational title and job duties the client will perform, the beginning and ending dates and the work schedule.
- DVR issues the Authorization for Service.
- Approval or denial of payment will be made within three business days after receipt of the Progress Report and Invoice

**Payment Rate:** Minimum Wage in 15-minute increments plus up to 35% for administrative costs such as payroll at a site in a community setting (non-facility based).

**Restrictions**
- An employer may provide up to four Paid Work Experience opportunities without hiring a client per year.
- Paid Work Experience shall not exceed 160 hours without supervisory approval.

Paid Work Experience is not to be used with other DVR incentives such as On-the-Job-Training or Employment Stipend. DVR clients who receive Paid Work Experience are NOT employees of the State of Colorado, the Department of Labor and Employment, or the Division of Vocational Rehabilitation. They are temporary employees of the vendor.

**Vocational Training**
This is training to teach an individual the skills necessary to perform the tasks of a specific job; typically provided through community colleges, vocational schools and technical institutes, and other certification programs.

**Trade, Business and Vocational Schools** (Procedure Code 23000-01): DVR pays the usual and customary tuition rates charged to other individuals and entities when paying for vocational training programs provided by trade, business, or vocational schools.

**Colorado Colleges and Universities, Non-Degree** (Procedure Code 23100-01): DVR pays the usual and customary tuition rates charged to other individuals and entities when paying for vocational training programs provided by in-state colleges and universities.
Private and Out-of-State Colleges and Universities, Non-Degree
(Procedure Codes 23300-01, 23300-02): When appropriate and less costly alternatives meet an individual’s documented vocational rehabilitation needs within Colorado, DVR will not be responsible for those costs that are greater than the least costly alternative.

Out-of-State Public Colleges and Universities: When the documented vocational rehabilitation needs of the individual necessitate out-of-state training, DVR pays the usual and customary non-resident tuition rates charged to other individuals and entities when paying for vocational training programs provided by out-of-state public colleges and universities.

Private Colleges and Universities: When the documented vocational rehabilitation needs of the individual necessitates private vocational training, DVR pays the usual and customary tuition rates charged to other individuals and entities when paying for vocational training programs provided by private colleges and universities.

Correspondence Schools (Procedure Codes 23700-01, 23700-02): Also known as distance learning.

Payment Rate:
- Lowest available usual and customary instructional rates charged by the provider to other individuals or entities, commensurate with expertise required for adequate vocational skill development
- Covers all costs for the vocational training program, including preparation of periodic written reports

Books, Supplies, & Other Training Materials: Non-adaptive books, supplies, and other materials necessary for the individual to participate in academic or vocational training program, purchased at the lowest available usual and customary rates.

Non-Adaptive Training Equipment: Equipment necessary for the individual to participate in an academic and vocational training program, purchased at the lowest available usual and customary rates.

Purchase (Procedure Codes 26001-01, 26501-01): DVR purchases used books when they are available and adequate to meet the individual’s training and employment needs.

Rental and Repair (Procedure Codes 26502-01 and 26506-01): DVR will rent or lease equipment needed for training programs when rental/leasing is adequate to meet the individual’s training needs unless the total rental/lease costs exceed purchase costs.

Tutorial Services (Procedure Codes 26800-01 and 26800-02): One-to-one specialized instructional services provided most often in educational settings to help individual gain knowledge and skills in a specific subject area may be provided to
supplement a course of formalized academic or vocational training or to remediate an individual’s knowledge or skill deficit in a particular area.

**Non-Technical Tutoring Payment Rate:**
- Up to $16.00/hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

**Technical Tutoring Payment Rate (e.g. computer programming, advanced engineering, advanced mathematics):**
- Up to $40.00/hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

**Academic Training**
This is training provided to develop verbal, numerical, and abstract reasoning abilities as well as to develop skills for a specific occupation or profession. Includes remedial reading programs, GED preparation courses, and other training programs that grant degrees at the Associate's level or higher.

For college programs, DVR will not finalize provision of training services in an institution of higher education until the individual’s financial aid award status is determined and documented in accordance with the timelines governing financial aid award decisions at the chosen training facility. All financial awards must be applied to the required training expenses prior to determination of the amount that DVR will pay.

**Duration of Training**
- DVR support for an individual to obtain a GED shall not exceed one year unless the provision of reasonable accommodations for the documented disability requires an extended time.
- DVR support for remedial classes shall not exceed three remedial classes. DVR will not pay for repetition of a remedial course.
- DVR support for technical, vocational or certification coursework (not resulting in a degree) shall not exceed two years.
- DVR support for an Associate’s degree shall not exceed three years.
- DVR support for a Bachelor’s degree shall not exceed six years.
- DVR may support up to three years of training beyond a Bachelor’s degree for the acquisition of a post-graduate degree, with regional supervisory approval.
- An exception may be provided for any of the above timeframes if necessary to address the individual’s unique circumstances with supervisory approval.

**General Educational Development (GED):** Educational services provided on a one-to-one basis or through a specialized adult learning program to help an individual prepare for obtaining their GED.
One-to-One Instruction (Procedure Code 22750-01: Lowest available usual and customary tuition rate charged to other individuals and entities)

Payment Rate: Up to $16.00/hour

Adult Learning Programs (Procedure Code 22700-02): Lowest available usual and customary tuition rate charged to other individuals and entities.

Payment Rate: Up to $150.00

Colorado Colleges and Universities (Procedure Codes 22100-01 and 22100-02): Usual and customary tuition rates charged to other individuals and entities purchasing post-secondary college programs from in-state colleges and universities.

Private and Out-of-State Colleges and Universities (Procedure Codes 22300-01 and 22300-02): When an individual chooses an out-of-state or private college or university and there are other appropriate and less costly alternatives that meet the individual’s documented vocational rehabilitation needs within Colorado, DVR will not be responsible for any costs in excess of the cost of public training available in-state. This includes, but is not limited to, costs for transportation, maintenance, non-resident tuition, etc. (DVR Policy 12.24.2).

Out-of-State Public Colleges and Universities: When the documented vocational rehabilitation needs of the individual necessitates out-of-state training, DVR pays the usual and customary non-resident tuition rates charged to other individuals and entities when purchasing post-secondary college programs from out-of-state public colleges and universities.

Private Colleges and Universities: When the documented vocational rehabilitation needs of the individual necessitates training in a private college or university, DVR pays the usual and customary tuition rates charged to other individuals and entities when purchasing post-secondary college programs from private colleges and universities.

Books, Supplies, & Other Training Materials (Procedure Code 26001-01): Non-adaptive books, supplies, and other materials necessary for the individual to participate in academic or vocational training program, purchased at the lowest available usual and customary rates.

Used Books: DVR purchases used books when they are available and adequate to meet the individual’s training and employment needs.

Rental and Repair: DVR will rent or lease equipment when rental/leasing is adequate to meet the individual’s training needs unless the total rental/lease costs exceed purchase costs.

Non-Adaptive Training Equipment: Equipment necessary for the individual to participate in an academic and vocational training program, purchased at the lowest available usual and customary rates.

Purchase (Procedure Code 26501-01)
**Rental and Repair** (Procedure Codes 26502-01 and 26506-01): DVR will rent or lease equipment needed for training programs when rental/leasing is adequate to meet the individual’s training needs unless the total rental/lease costs exceed purchase costs.

**Tutorial Services** (Procedure Codes 26800-01 and 26800-02): One-to-one specialized instructional services provided most often in educational settings to help individual gain knowledge and skills in a specific subject area may be provided to supplement a course of formalized academic or vocational training or to remediate an individual's knowledge or skill deficit in a particular area.

**Non-Technical Tutoring Payment Rate:**
- Up to $16.00/hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

**Technical Tutoring Payment Rate (e.g. computer programming, advanced engineering, advanced mathematics):**
- Up to $40.00/hour
- Cannot exceed the fees typically charged to other individuals or entities for commensurate services
- Covers all costs of the training, including periodic report writing

**Other Skill Training** (Procedure Code 23800-01): Refers to vocational training provided by a community rehabilitation program, an individual, or any other entity not previously identified as a training service provider that is part of an organized, formal training program, which equips an individual with skills necessary to perform the tasks of a specific job or a family of jobs.
CHAPTER 9: COMMUNICATION SERVICES
(Reviewed February 2016)

A service provider who is qualified as an interpreter may provide interpreter services with other services to the same client, but may not bill separately for simultaneously providing other services.

Translating written English to another language is not billable at the interpreter rate. In some scenarios, it may be necessary to hire a separate interpreter.

Certified Interpreter, Certified Deaf Interpreter, Communication Assistant, and Deaf Communication Assistant Services

Per the Consumer Protection Act, Article 6, specifically section 6-1-707(1)(e), https://www.coloradoattorneygeneral.gov/sites/default/files/CCPA%20-2010%20Update.pdf:

6-1-707. Use of title or degree -- deceptive trade practices. (1) A person engages in a deceptive trade practice when, in the course of such person's business, vocation, or occupation, such person:

(e) Claims to be a "sign language interpreter", "interpreter for the deaf", "deaf interpreter", "ASL-English interpreter", "American sign language (ASL) interpreter", "transliterator", "certified sign language interpreter", "certified interpreter for the deaf", "certified deaf interpreter", "certified ASL-English interpreter", "certified American sign language (ASL) interpreter", or "certified transliterator", unless he or she holds a current certification issued by the registry of interpreters for the deaf or a successor organization. A registry of interpreters for the deaf, or successor organization, membership card that shows proof of current membership and certification shall be made available for immediate inspection and review by any consumer or agent of the state of Colorado.

The Registry of Interpreters for the Deaf (RID) is a national organization with stringent standards in certifying American Sign Language (ASL) interpreters. ASL interpreting services at DVR are always provided by RID-certified sign language interpreters to assure the most accurate and impartial interpretations. Another distinction among RID-certified interpreters is the Certified Deaf Interpreter (CDI). This is a RID-certified interpreter who possesses native or near-native fluency in ASL and who can enhance communication through intimate understanding of deaf culture.

NOTE: A Registry of Interpreters for the Deaf (RID) membership card that shows proof of current membership and certification shall be made available for immediate inspection and review by any client or agent of the State of Colorado.
Qualified Communication Assistants: non-RID communication assistants who help the client with expressive and receptive language through oral, manual, or written communication techniques.

NOTE: A certified interpreter may provide services besides interpreting, but not simultaneously to providing interpreting services (please see page 4 in the “Introduction” of this Fee Schedule. Creating an original message to your client is not interpreting but considered communicating.

A service provider who is qualified as an ASL interpreter may provide other services to the same client, but may not bill separately for simultaneously providing ASL interpreting or foreign language interpreting.

Certified Interpreter, including Certified Deaf Interpreter: Interpreting services should be scheduled and authorized as far in advance as possible to assure the availability of appropriate interpreting at the least possible cost. It may be necessary to procure the services of two interpreters when interpreting services are needed for more than two consecutive hours or depending on the content of the meeting (e.g. content is complicated or intensive).

Hourly Payment Rate (Procedure Code 51000-01):
- Up to $104.00 for the first two hours
- Up to $13.00/each 15-minute increment thereafter

Payment Rate for Special Circumstances:
- Weekends (Procedure Code 51000-02)
  - Up to $124.00 for the first two hours
  - Up to 15.50/each 15-minute increment thereafter
- Holidays (Procedure Code 51000-03)
  - Up to 144.00 for the first two hours
  - Up to 18.00/each 15-minute increment thereafter

Late Notice Surcharges (Procedure Codes 51000-07, 51000-08, 51000-09):
- Up to $10.00 24-48 hours’ notice
- Up to $15.00 12-23 hours’ notice
- Up to $20.00 for less than 12 hours’ notice

Cancellation Fee is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours’ notice.

Communication Assistant, including Deaf Communication Assistant: Deaf communication services may be purchased from an uncertified provider if the provider is fully capable of delivering adequate communication services to the individual. It may be necessary to procure the services of two providers when communication services are needed for more than two consecutive hours or depending on the content of the situation.
**Payment Rate** (Procedure Code 51000-04):
- Up to $31.00/hour for each full hour (no 2-hour minimum)
- Up to $7.75/each 15-minute increment thereafter

**Payment Rate for Special Circumstances** (Procedure Codes 51000-05, 51000-06):
- Up to $41.00/hour on the weekends
- Up to $51.00/hour on holidays
- No 2-hour minimum

**Late Notice Surcharges** (Procedure Codes 51000-07, 51000-08, and 51000-09):
- Up to $10.00 24-48 hours’ notice
- Up to $15.00 12-23 hours’ notice
- Up to $20.00 for less than 12 hours’ notice

**Cancellation Fee** is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours’ notice.

**Services Provided by a Family Member** (Procedure Code 51000-07): Sign language interpreting services from a family member should be obtained at no cost whenever reasonable and possible. However, DVR can pay family members for interpreting services, when appropriate.

**Payment Rate:**
- Up to $21.00/hour (no 2-hour minimum)
- Partial hours purchased in purchased in 15-minute increment

**Communications Access Real-Time Translation/CART** (Procedure Code 51000-10): Instantaneous translation of the spoken word into English text using a stenotype machine, computer, and Real-Time software. This technology is primarily used by people who have hearing limitations or are learning English as a second language. The Americans with Disabilities Act (ADA) specifically recognizes CART as "effective communication access."

**Payment Rate:** $100.00/hour

**Foreign Language Interpreter** (Procedure Codes 51500-01, 51500-02): Foreign language interpreting services can be purchased from professional interpreters or from family members.

**Professional Interpreter** (Procedure Code 51500-01)

**Payment Rate:**
- Lowest available usual and customary rates
- Partial hours purchased in purchased in 15-minute increments

**Cancellation Fee** is 100% of planned amount for the first day when an interpreting job is cancelled with less than 48 hours’ notice.
NOTE: Interpreters for Spanish are widely available in Colorado, and counselors should be able to negotiate for considerably lower rates than for other foreign languages. A service provider who is qualified as foreign language interpreter may provide other services to the same client, but may not bill separately for simultaneously providing ASL interpreting or foreign language interpreting.

Services Provided by Family Member (Procedure Code 51500-02): Foreign language interpreting services from a family member should be obtained at no cost whenever reasonable and possible. However, DVR can pay family members for interpreting services, when appropriate.

Payment Rate:
- Up to $21.00/hour (no 2-hour minimum)
- Partial hours purchased in purchased in 15-minute increments

Reader Services
(Procedure Code 53000-01): Verbal or signed communications of printed text for individuals unable to read or comprehend typical written or printed materials.

Payment Rate: $9.30/hour

Technical/Complex Reader Services or Reader Services with Technology Access (53000-02): Verbal or signed communications of highly technical, industry-specific or otherwise atypically complex printed text for individuals unable to access or comprehend written or printed materials. Service also allows access to technology and electronic information like the Internet that is unable to be accessed due to disability (e.g. accessing job applications on websites that are not compatible with screen reading or enlargement programs; applying at kiosks where adaptive technology cannot be used; or, accessing computers when an individual is unable due to language, physical, or cognitive ability). This service is not to be provided in conjunction with the purchase of job placement services.

Payment Rate:
- Up to $15.00/hour
- Initial authorizations should not exceed 10 hours/month; authorization may be amended for additional hours if the counselor determines it to be necessary and documents justification in the service record

Notetaker Services (Procedure Code 53500-01): Services that provide an accurate record of the content of verbal material presented by an instructor, evaluator, or employer for an individual unable to hear or comprehend verbal communications.

Payment Rate: $9.30/hour
CHAPTER 10: REHABILITATION/ASSISTIVE TECHNOLOGY GOODS, SERVICES, AND TRAINING

Rehabilitation technology services encompass the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

Vehicle, Residential, and Job Site Modification

Vehicle Modification (Procedure Code 55100-01): A vehicle modification is a structural modification or adaptation to a motorized vehicle to enable an individual with a disability access to and operation of the vehicle when necessary for the individual to obtain the agreed upon employment goal. DVR will purchase vehicle modifications at the lowest available usual and customary rates.

Provider Requirements: Membership in good standing of the National Mobility Equipment Dealer Association (NMEDA) Certification as a NMEDA-QAP (Quality Assurance Program) dealer who is thereby qualified to meet minimum standards for vehicle modifications and adapted driving equipment installation.

NOTE: Vendor selection for the purchase of vehicle modification and other adaptive equipment that must be customized to meet the client’s needs does not require a formalized bid process.

Residential Modification (Procedure Code 55200-01): A structural modification or adaptation to an individual’s residence to enable his or her access to and independent function in the residence to the degree necessary for work.

Job Site Modification (Procedure Code 55300-01): A modification or adaptation to a workstation and/or job site to enable the individual access to necessary tools, equipment, and materials for the performance of job tasks and to improve his or her ability to perform required job tasks. Job site modification must comply with State procurement procedures and with the informal bid process.

Informal Bid Process

Three (3) written informal bids must be obtained, when available, for purchase of goods costing $2000-$9,999—if the individual chooses a provider who appears on a State bid award, www.bidscolorado.com, two additional bids are not needed.

Informal bids must comply with the following requirements:
- All bids must be in writing
- All bids must provide specifications, when applicable
- All bids must be for the same or comparable items

DVR counselor shall document the following within the service record:
- Bid activities, including copies of informal bids, when required
• Justification if the chosen provider is not the lowest bidder
• Explanation of why three providers are not available to bid, if applicable

Assistive Technology Devices

An rehabilitation/assistive technology device is a non-medical item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of an individual with a disability. The device may be acquired commercially off the shelf, modified, or customized.

**Purchase of Assistive Technology Devices:** (Procedure Code 55501-01)

**Payment Rate:** Lowest available usual and customary rates, depending on the skill level and technical expertise required

**NOTE:** Vendor selection for the purchase of rehabilitation/assistive technology devices that must be customized to meet the client’s needs does not require a formalized bid process.

Rental and Repair of Rehabilitation/Assistive Technology Devices:

- **Rental Pay Rate** (Procedure Code 55502-01): Lowest available usual and customary
- **Repair Pay Rate** (Procedure Code 55506-01): Lowest available usual and customary

Professional Rehabilitation/Assistive Technology Services

Professional rehabilitation technology services include any service which directly assists individuals with disabilities in the selection of assistive technology devices; designing, fitting, customizing, and adapting assistive technology devices; training or technical assistance to the individual in the use of the device; and, training or technical assistance for professionals when necessary to the achievement of an employment outcome by an individual with a disability.

**Design, Fabrication, Adaptation, and Customization Services** (Procedure Code 55400-01): The design, fabrication, adaptation, and/or customization of rehabilitation/assistive technology devices and modifications.

**Payment Rate:** Lowest available usual and customary rates, depending on the skill level and technical expertise required

**Training and Consultation** (Procedure Code 55400-02)

**Payment Rate:** Lowest available usual and customary rates, depending on the skill level and technical expertise required
CHAPTER 11: SELF-EMPLOYMENT SERVICES
Self-employment services are services provided to assist an individual with a
disability in assessing the suitability and desirability of a self-employment outcome,
to develop and implement a viable business plan, and to enable the individual to
run his or her own business successfully.

Occupational Testing and Examinations (Procedure Code 08903-02)

Pay Rate: Lowest available usual and customary rates

Occupational Licenses and Fees (Procedure Code 70503-02)

Pay Rate: Lowest available usual and customary rates

Occupational Tools and Equipment for Self-Employment
• Purchase (Procedure Code 60001-01)
• Rent (Procedure Code 60002-01)
• Repair (Procedure Code 60006-01)

Pay Rate: Lowest available usual and customary rates

Initial Stock and Inventory (Procedure Code 60501-01): If an individual's
business plan cannot be implemented without DVR's provision of initial stock and
inventory, such purchases will be limited to those necessary for the business to
operate at the level identified for job stability in the individual's Individualized Plan
for Employment.

Pay Rate: Lowest available usual and customary rates

Technical Assistance/Business Services and Consultation (Procedure
Code 60700-01): Services professionals such as business consultants, accountants,
attorneys, industry experts, mentors, etc., for the purpose of assisting individuals
to determine whether or not to pursue self-employment and in developing and
implementing a viable business plan.

Pay Rate: Up to $65.00/hour

Informal Bid Process
Three (3) written informal bids must be obtained, when available, for purchase of
goods costing $2000-$9,999—if the individual chooses a provider who appears on a
State bid award, www.bidscolorado.com, two additional bids are not needed.

Informal bids must comply with the following requirements:
• All bids must be in writing
• All bids must provide specifications, when applicable
• All bids must be for the same or comparable items
DVR counselor shall document the following within the service record:
- Bid activities, including copies of informal bids, when required
- Justification if the chosen provider is not the lowest bidder
- Explanation of why three providers are not available to bid, if applicable

**Allowable Funding for Self-Employment Start-Up Costs**

**Tier I:** Funding for Tier I business plans is indexed to the annual change of the Consumer Price Index. For 2014-15, the amount is $6200.00.

**Tier II:** Additional funds, up to 100% of the current Tier II level of funding, with equal dollar-for-dollar client contribution beyond the Tier I level. DVR cannot fund more than $12,400 in business startup goods/services for an approved Tier II case in 2013-14.

**EXAMPLE:** Following business plan approval, a client requires $17,600 in goods/services to start up his business. DVR can initially fund $6,200. If a client contributes $5700.00 (through cash on hand, business loan, SSA's Plan for Achieving Self-Support work incentive, etc.), DVR can fund an additional $5,700.

See the DVR Policy Manual for further information.
CHAPTER 12: OCCUPATIONAL LICENSES, TOOLS, AND EQUIPMENT

Occupational licenses, tools, and equipment are items normally required for job performance in the occupation of the individual's employment outcome. Specialized adaptive equipment, including microcomputers, which are necessary to accommodate limitations imposed by the impairment(s) for the performance of job tasks are considered rehabilitation technology services.

Occupational Licenses and Fees (Procedure Code 70503-01)
**Payment Rate:** Lowest available usual and customary rates charged to other individuals or entities

Occupational Tools and Equipment
- **Purchase** (Procedure Code 70001-01)
- **Rental** (Procedure Code 70002-01)
- **Repair** (Procedure Code 70006-01)

**Payment Rate:** Lowest available usual and customary rates charged to other individuals or entities

Informal Bid Process
Three (3) written informal bids must be obtained, when available, for purchase of goods costing $2000-$9,999—if the individual chooses a provider who appears on a State bid award, [www.bidscolorado.com](http://www.bidscolorado.com), two additional bids are not needed.

Informal bids must comply with the following requirements:
- All bids must be in writing
- All bids must provide specifications, when applicable
- All bids must be for the same or comparable items

DVR counselor shall document the following within the service record:
- Bid activities, including copies of informal bids, when required
- Justification if the chosen provider is not the lowest bidder
- Explanation of why three providers are not available to bid, if applicable

Technical Assistance (Service Code 60700-01): DVR may authorize and pay for a client to receive assistance in setting up and training to use technology in the residential setting for work-at-home employment.

**Pay Rate:** Lowest available usual and customary rate
CHAPTER 13: PRE-EMPLOYMENT TRANSITION SERVICES

Pre-employment transition services are provided to students with disabilities to further develop an awareness of career and education opportunities, the general skills needed for employment success in any field, and the skills needed to appropriately advocate for themselves as they prepare to exit secondary education and enter the workforce or other post-school activities.

Pre-employment transition services include:
- Job Exploration
- Work-Based Learning Experiences
- Counseling on Post-Secondary Education
- Workplace Readiness Training
- Instruction in Self-Advocacy

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is:
- Between 15–21 years old
- Eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act
- An individual with a disability, for purposes of Section 504

The following sections describe pre-employment transition services and fees.

Job Exploration Counseling

Job Exploration Counseling includes a wide variety of professional activities that help individuals identify viable career options or solidify careers that a student will want to explore further.

Job exploration counseling activities can be done through collaboration with private, for-profit, public or nonprofit businesses in your community and/or web-based resources.

Job Exploration Counseling may include:
- Activities to create career awareness and gain knowledge of career paths
- Administration of career or vocational assessments
- Administration of vocational interest inventories
- Development of career-focused student organizations
- Exploration of non-traditional employment options
- Identification of career pathways of interest to the student
- Instruction on labor market information
- Introduction to in-demand industries and occupations
- Presentations on various careers
PETS Job Exploration Counseling, Individual (Procedure Code P08500-01)

Payment Rate:
- Up to $26.00/hour
- Up to 30 hours per 12-month period of time (maximum $780.00)
- Covers all costs for counseling activities, including preparation of periodic written reports

PETS Job Exploration Counseling, Group (Procedure Code P08500-02)

Payment Rate:
- Up to $11.00/hour
- Up to 30 hours per 12-month period of time (maximum $330.00)
- Covers all costs for counseling activities, including preparation of periodic written reports

Work-Based Learning Experiences
Work-Based Learning Experiences (WBLEs) use the workplace or real work to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. It is essential that direct employer or community involvement be a component of the WBLE to ensure in-depth student engagement. These opportunities are meant to engage, motivate, and augment the learning process. WBLEs can be done in collaboration with private, for-profit, public or nonprofit businesses in your community. They may include in-school or after-school opportunities or experiences outside the traditional school setting that are provided in an integrated environment to the maximum extent possible. If paid, the student with a disability must be paid competitive wages to the extent competitive wages are paid to students without disabilities. In addition, work-based learning requires in-depth engagement of youth and an evaluation of acquired work relevant skills.

A WBLE may include:
- Apprenticeships (not including pre-apprenticeships and registered apprenticeships)
- Career Mentorship
- Career-Related Competitions
- Informational Interviews
- Internships (paid or unpaid)
- Job Shadowing
- Practicum
- Service Learning or Volunteer Experiences
- Simulated Workplace Experience
- Student-led Enterprises
- Work Experience (paid or unpaid)
- Workplace Tours/Field Trips
Paid Work-Based Learning Experiences (Procedure Code P27600-02)

Requirements
- Vendor assumes all legal obligations for the student, including issuing wages earned, calculating and withholding payroll deductions, and providing unemployment insurance and worker’s compensation coverage
- Vendor compensates student at a competitive wage
- Vendor handles every aspect of the payroll administrative process from implementing timekeeping to delivery of paychecks
- Vendor must be a staffing or payroll agency registered as a DVR vendor

Purchasing Procedures
- DVR staff person and student identify an employer who is willing to provide a Paid Work-Based Learning Experience for a student
- DVR staff person contacts a registered Paid Work-Based Learning Experience vendor (this is a separate, intermediate entity who will provide payroll services between the student and the employer) and provides them the student’s information needed for the vendor’s payroll services. The vendor will supply the occupational title and job duties the student will perform, the beginning and ending dates, and the work schedule.
- DVR issues the Authorization for Service.
- DVR approves or denies payment within three business days after receipt of the Progress Report and invoice.

Payment Rate: The wage of the youth in 15-minute increments plus a fee of up to 35% for associated expenses at a site in a community setting.

Restrictions
- Paid Work Based Learning Experiences shall not exceed 160 hours each without supervisory approval.
- Students who receive Paid Work Based Learning Experiences are NOT employees of the State of Colorado, the Department of Labor and Employment, or the Division of Vocational Rehabilitation. They are temporary employees of the WBLE vendor.

PETS Community Based Site Set Up (Procedure code P27050-01): Payment made to a vendor DVR authorizes to find and set up an employer for a Work Based Learning Experience.

Payment Rate: Up to $52.00/hour
- Maximum of two hours ($104.00)

PETS Employer Expenses (Procedure Code P08107-01, P08107-02): Payment made to an employer to offset costs incurred by the employer, such as training costs, by allowing their community worksite to be used for Work Based Learning Experiences.
**Monthly Payment Rate:**
- 30+ hours of onsite time per month
- Up to $540.00/month
- Maximum of two months per student with the same employer

**Payment for Partial Months:**
- 1-29 hours per month
- Up to $18.00/hour
- Maximum of two months per student with the same employer

**PETS Informational Interview/Job Site Tour/Job Shadow** (Procedure Code P08600-01, P08600-02): Payment to a vendor for identifying and coordinating with community employers to provide information interviews, job site tours, and job shadows. Includes accompanying students to job site for these activities and preparation of reports demonstrating outcome of activities.

**Payment Rate, Individual:**
- Up to $26.00/hour
- Up to 30 hours per 12-month period (maximum $780.00)

**Payment Rate, Group:**
- Up to $11.00/hour
- Up to 30 hours per 12-month period (maximum $330.00)

**Counseling on Post-Secondary Education Programs**
Choosing a career requires exploration and planning to gain awareness of the wide range of career pathways and labor market realities and projections. It is essential for students to see how skill development and knowledge relate to future opportunities in Postsecondary Education (PSE) settings and employment. In addition to being provided information and guidance on a variety of post-secondary education and training opportunities, the PSE planning process allows students to learn about the special departments and/or supports available at the PSE institutions of higher learning.

Counseling on post-secondary education may include:
- Identifying interests, abilities, talents, needs, learning style preferences and goals
- Researching career & PSE options
- Promoting participation in PSE preparation classes, etc.
- Promoting use of executive function skills needed to succeed in post-secondary education
- Promoting use of self-advocacy skills
- Supporting student participation in college fairs & tours
- Teaching students about applicable educational and vocational laws
- Documenting necessary academic accommodations
- Connecting to PSE resources/services/websites
- Identifying financial aid options
- Providing PSE information to family members
• Assisting with application/enrollment process
• Identifying and advocating for needed accommodations & and services, including technology, admission test accommodations, and classroom accommodations

**PETS Counseling on Post-Secondary Education** (Procedure Codes P21100-01, P21100-02)

**Payment Rate, Individual:**
• Up to $26.00/hour
• Up to 30 hours per 12-month period of time (maximum $780.00)
• Covers all costs for counseling, including preparation of periodic written reports

**Payment Rate, Group:**
• Up to $11.00/hour
• Up to 30 hours per 12-month period of time (maximum $330.00)
• Covers all costs for counseling, including preparation of periodic written reports

**Workplace Readiness Training**
Workplace readiness describes a number of commonly expected skills and behaviors that employers seek from most employees that are necessary for any job. Work readiness skills are sometimes called soft skills, employability skills, or job readiness skills.

Workplace Readiness Training includes a broad range of activities to help students learn skills, such as appropriate workplace interactions, time management, effective and professional communication, problem solving, decision making, and other independent living and interpersonal behaviors essential for workplace success. Additionally, financial literacy, orientation and mobility, job seeking skills, and the development of other “soft” skills may be included in workplace readiness training.

**Work Adjustment Training** (Procedure Codes P21000-01, P10000-02, P10000-03, P10000-04, P21050-01, P21050-02): Training provided to help students with disabilities adjust behavior and/or develop compensatory skills in vocational areas, such as peer work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Includes training to improve a student’s interpersonal skills to the degree necessary to engage in employment. WAT is provided to students in integrated community settings to the maximum extent possible.

**Facility-Based (Non-integrated) WAT:** WAT provided directly to the student at a community rehabilitation program, clubhouse, etc. Facility-Based WAT is only utilized to the extent an integrated community setting is not able available to adequately meet the student’s needs.
Monthly Payment Rate
- 30+ hours of direct individual instruction
- Up to $630.00/month
- Covers all costs for WAT, including preparation of periodic written reports

Payment Rate for Partial Months:
- 1-29 hours of direct individual instruction
- Up to $21.00/hour
- Covers all costs for WAT, including preparation of periodic written reports

Community-Based (Integrated) WAT (Procedure Codes 21000-01, 21000-02, 21000-03,): WAT provided directly to the student on-site at real work or transitional employment sites, etc. in the community.

Monthly Payment Rate:
- 30+ hours
- One-to-One: Up to $1,230.00
- Group Settings: Up to $600.00/individual
- Covers all costs for WAT, including preparation of periodic written reports

Payment Rate for Partial Months:
- 1-29 hours
- One-to-One: Up to $41.00/hour
- Group Settings: Up to $20.00/hour per individual
- Covers all costs for WAT, including preparation of periodic written reports

Standard 2-Week Community-Based WAT: Standardized protocols and practices for all students participating.

Payment Rate:
- Up to $630.00
- Covers all costs for the training, including preparation of written report

PETS Personal Adjustment Training (PAT): Training provided to help students with disabilities develop compensatory skills and/or to adjust behavior in the areas of independent living to the degree necessary for employment, communications, personal mobility and ability to travel in the community, and personal functioning. PAT is provided to students in integrated community settings to the maximum extent possible.

PETS Facility-Based PAT for Students with a Disability Other than Visual Impairment (Procedure Codes P21250-01, 21250-02): PAT provided directly to a student, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility. Facility-Based WAT is only utilized to the extent an integrated community setting is not able available to adequately meet the student’s needs.

Monthly Payment Rate
- 30+ hours of direct individual service provision
- Up to $480.00/month
• Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
• Includes use of assistive technology devices necessary for the individual to participate in the training program

Payment Rate for Partial Months:
• 1-29 hours of direct individual service provision
• Up to $16.00/hour—covers all costs for the training
• Covers all costs for the training, including preparation of periodic written reports and the provider's normal travel
• Includes use of assistive technology devices necessary for the individual to participate in the training program

PETS Community-Based PAT for Students with a Disability Other than Visual Impairment (Procedure Codes 21200-01, 21200-2): PAT provided directly to individual at individual’s home or other community site.

Monthly Payment Rate:
• 25+ hours of direct on-site instruction
• Up to $680.00
• Covers all costs for instruction, including preparation of monthly written reports, and the provider’s travel to sites within the provider’s normal service delivery area

Payment Rate for Partial Months:
• 1-24 hours of direct on-site instruction
• Up to $26.00/hour
• Covers all costs for instruction, including preparation of monthly written reports, and the provider’s travel to sites within the provider’s normal service delivery area

PETS Facility-Based PAT for Students with Visual Impairment (Procedure Code P21350-01): PAT provided directly to a student with visual impairment, typically in a community rehabilitation program, clubhouse, independent living center, or residential facility.

Monthly Payment Rate
• Up to $4000.00
• Includes all costs required for rehabilitation teaching, orientation and mobility, communications training, braille instruction, daily living skills training, basic computer orientation, instruction in personal management, social development, self-esteem building, and adjustment to blindness
• Includes the use of assistive technology devices necessary for the individual to participate in the training program
• Covers costs associated with the preparation of periodic written reports and the provider’s travel within the provider’s normal service delivery area
PETS Community-Based PAT for Students with Visual Impairment (Procedure Codes P21300-01, P21300-02): PAT provided directly to individual with visual impairment at individual’s home or other community site.

**Monthly Payment Rate:**
- Up to $770.00/month
- Applies to a full month of service provision (25+ hours of direct on-site instruction)
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including the preparation of periodic written reports

**Payment Rate for Partial Months:**
- 1-24 hours of direct on-site individual service provision
- Up to $31.00/hour
- Covers instructional costs for all components of a rehabilitation teaching program and/or mobility training, including preparation of periodic written reports

PETS Orientation & Mobility Training (Procedure Codes P21370-01, P21370-02)

**Payment Rate:**
- $57.00 and can ONLY be provided one-on-one
- Covers instructional costs for all components of orientation and mobility training, including preparation of periodic written reports

PETS Communication Skills Training (Procedure Codes P21500-01, P21500-02, P21500-03, P21500-04): Specialized visual, auditory or sign language communication training needed by an individual with a disability to communicate with others.

**Payment Rate:**
- One-to-One instruction
- Up to $26.00 per hour
- Covers instructional costs for all components of communication skills training, including preparation of periodic written reports

PETS Curriculum Based Workplace Readiness Training Program (Procedure Code P08700-01): Tuition and participation fees for students with disabilities to participate in formally established workplace readiness training programs. Programs must have a clearly defined eligibility criteria, goals, curriculum, and outcome measurements. Training curriculum and activities are designed to help students develop the general work, academic, independent living, and social skills needed to succeed in post-secondary education and competitive integrated employment. Programs include elements of both Work Adjustment Training and Personal Adjustment Training and cannot be authorized in conjunction with either of these services. Fee does not include tuition for academic coursework, which is authorized and paid using the appropriate vocational training procedure codes.
**Payment Rate (for Established Training Term):**
- Lowest available usual and customary rate charged to other individuals and entities
- Covers instructional costs for all components training, including preparation of periodic reports

**Instruction in Self-Advocacy**
Self-advocacy refers to an individual's ability to effectively communicate, convey, negotiate or assert his/her own interests and/or desires. Instruction in self-advocacy may include development of self-awareness (including understanding of one's disability), independent decision making, goal setting, self-determination, understanding, requesting, and utilizing needed accommodations, knowing rights and responsibilities, and leadership skills.

**PETS Instruction in Self Advocacy, Individual** (Procedure Code P08400-01)

**Payment Rate:**
- Up to $26.00/hour
- Up to 30 hours per 12-month period of time (maximum $780.00)
- Covers all costs for training, including preparation of periodic written reports

**PETS Instruction in Self Advocacy, Group** (Procedure Code P08400-02)

**Payment Rate:**
- Up to $11.00/hour
- Up to 30 hours per 12-month period of time (maximum $330.00)
- Covers all costs for training, including preparation of written report
CHAPTER 14: JOB SEARCH AND PLACEMENT SERVICES

Individualized job search and placement services help a client obtain suitable and satisfactory employment in a competitive integrated setting which is consistent with the client’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Placement services are not intended to be provided repeatedly over an extended period of time with numerous attempts to the client unless the counselor determines, with appropriate justification in the service record, that continued job placement services are needed specific to the client’s needs.

Tier I
This tier entails job placement services for the majority DVR clients whose needs cannot be fully met by a workforce center or internal job placement efforts (e.g. Business Outreach Specialist, DVR Counselor, etc.) and who have the ability to complete at least some aspects of job search and placement after receiving training and guidance from a Job Placement Service Provider (JPSP).

Tier II
This tier entails job placement services for DVR clients who require one-on-one assistance for every job search activity due to disability-related reasons. Tier II includes clients requiring supported employment services, OR, less commonly, clients who do not need long-term services to retain employment (for example, someone with newly-acquired blindness or TBI may require one-on-one assistance to complete online job searches, applications, and interviews).

Any JPSP working with multiple DVR clients must ensure that reporting and billing hours are provided for each client accurately. This includes the option to report and bill in quarter hours.

The following table outlines the activities, fees, and requirements of job search and placement services in chronological order.

<table>
<thead>
<tr>
<th>Job Placement Agreement</th>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion Required (no applicable fees)</td>
<td>Completion Required (no applicable fees)</td>
<td>Includes a meeting between the DVR Counselor, client, and JPSP to discuss pertinent information relevant to expectations of services: timelines, payments and authorizations, and a complete overview of the client’s employment focus and needs for successful placement. Completion of the <strong>Job Placement Agreement</strong> is required and occurs before authorizing any job search and placement services. The <strong>Job Placement Agreement</strong> includes details of a 90-day face-to-face review of plan to be conducted between DVR Counselor, client, and JPSP if placement has not yet occurred.</td>
<td></td>
</tr>
<tr>
<td>Tier I Fee</td>
<td>Tier II Fee</td>
<td>Description of Activity and Requirements</td>
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</table>
| $75       | $75         | Reflects joint planning collected between DVR Counselor, client, and JPSP and is required to be submitted to the DVR Counselor within two weeks after initial meeting between DVR Counselor, client, and JPSP. Includes the following elements:  
- Employment goal (as stated on IPE)  
- Description of how job seeking skills training and other activities will be implemented. For example: soft skills, professional attire and attitude, interview skills etc.  
- Target wage and amount of hours desired per week  
- Resources, employment barriers, and strategies to address barriers  
- Identified work accommodations that may be necessary. For example: adaptive software, sensory components within a work environment that need to be considered or adjusted, etc.  
- Indication that the JPSP, DVR Counselor, and client have discussed any SSI/SSDI considerations that may impact benefits such as income thresholds and how to address possible impacts  
- Agreed-upon standard for regular contact between client, JPSP and DVR Counselor  
- Identified plan for contacting employers and developing employment. This will include an initial list of employers to contact and standard number of employer contacts per week  
- Indication of any employer incentives to be utilized (e.g., OJT, Employer Stipend, etc.)  

**Authorization:** Occurs at the time the Job Placement Agreement is signed by all parties and is required for all clients who receive services from a JPSP. Authorized one time per client, per JPSP.

**Procedure Code:**  
87001-00  
87002-00
## Milestone 1: Job Preparation and Development

<table>
<thead>
<tr>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $1,320</td>
<td>Up to $2,500</td>
<td>Includes services for the client to prepare for, engage in, and securing of employment in a competitive integrated setting that is consistent with the identified employment goal on IPE. Subsequently, the service provider submits typed monthly progress reports to DVR Counselor until job placement is achieved, regardless of whether an invoice is being submitted.</td>
</tr>
<tr>
<td>Up to 40 hours at $33/hr.</td>
<td>Up to 50 hours at $50/hr.</td>
<td>Procedure Code: 87001-01) Procedure Code: 87002-01)</td>
</tr>
</tbody>
</table>

**Authorization:** The DVR Counselor creates the authorization for Milestone 1, Milestone 2, and Expedited Placement after the client has utilized informed choice to select a JPSP, and the Job Placement Agreement and Job Placement Plan have been signed by all parties. Authorization must be in place prior to any services being provided.

**Job Preparation and Development Includes:**

- Training clients on how to conduct job searches, complete applications, identify and list references, target potential employers, and interview effectively. Provision of job seeking skills training is intended to enable the individual to **conduct an independent job search** (Tier I);

- Teaching clients how to create a basic résumé and cover letter (Tier I) and/or the job developer completing a basic résumé and cover letter themselves (Tier II). Includes and printing cost, including 20 hard copies and the résumé provided in electronic format;

  **A federal résumé may be authorized separately in conjunction with Milestone I, but a basic résumé may not.**

- Contacting employers directly (and confirmed with client) to obtain information about possible competitive job openings and to develop employer relationships;
- Conducting on-site analysis and providing assistance to employers in identifying accommodations for clients, and/or addressing any barriers that may affect employment;
- Working together with the DVR Counselor to educate and train employers in disability awareness;
- Networking with other community agencies to increase contact and employment possibilities;
- Coordinating with DVR Counselor to complete a 90-day job search review if job placement has not occurred and adjust the Job Placement Plan if necessary. After the 90-day review, the JPSP, DVR Counselor, and client will continue to meet every 60 days until placement occurs;
- Submitting progress reports of job search activities and services to the DVR Counselor on the Monthly Progress Report form (submission of monthly progress reports continues until the client’s DVR case is closed (“successfully rehabilitated”).

**Authorization:** Based on the Job Placement Plan, the DVR Counselor will authorize for the projected number of hours per month. Milestone 1 is not intended to be authorized all at one time. For Tier II only, a DVR counselor may authorize for up to an additional 20 hours. There must be clear documentation from the JPSP and Supervisor I approval.

### Milestone 2: Job Placement

<table>
<thead>
<tr>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500</td>
<td>$600</td>
<td>The event when the client has secured employment. All conditions of job placement must be met before payment can be issued.</td>
</tr>
</tbody>
</table>

**Expectations for Payment:**
- The job placement represents employment in a competitive integrated community setting;
The employment and work situation is consistent with clients strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;

- The JPSP was actively involved in job placement activities with client, as evidenced by activities in monthly progress reports, client, and/or employer reports;
- The client has begun the job and has worked at least five full shifts or three weeks on the job at the job site performing their actual job duties (whichever occurs first), not including orientation time;
- The employment is expected to continue to be verified by DVR staff with client and/or employer;
- The Notice of Employment form has been completed and submitted to the DVR Counselor.

The JPSP will continue to submit monthly progress reports until client has achieved successful case closure.

**Authorization:** The DVR Counselor authorizes for Milestone 2 after the Job Placement Agreement and Job Placement Plan are in place (at the same time as Milestone 1). Payment for Milestone 2 is made after the Job Placement Notice of Employment form is submitted and verified with client. The DVR Counselor then will then authorize for Milestone 3 for the Successful Closure Payment.

<table>
<thead>
<tr>
<th>Job Coaching</th>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual, up to $1,320</strong></td>
<td><strong>Individual, up to $2,000</strong></td>
<td>Training services provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to a client after job placement. Job coaching services includes job skill training, job site orientation, and coordination or provision of specific services at or away from the work site to maintain employment stability. Job Coaching shall not exceed more than 40 hours in one month.</td>
<td></td>
</tr>
</tbody>
</table>
### Job Search and Placement Services

#### DVR Fee Schedule

**Procedure Code:** 28001-01

<table>
<thead>
<tr>
<th>For 2+ individuals, up to 40 hours per month at $18/hr.</th>
</tr>
</thead>
</table>

**Procedure Codes:**
- 28002-01
- 28002-02
- 28002-03
- 28002-04

**Exceptions:**
- Tier II for Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) Waivers: The DVR Counselor is required to complete the Intent to Transfer Funding form when DVR funding for job coaching will end in 30 calendar days. If the HCBS-DD provider is unable to accept client for ongoing services, DVR will continue to authorize for job coaching services up to 40 hours per month. This does not apply to clients funded in a mental health supported employment or school to work alliance program.
- Tier I and Tier II (non-HCBS or DD): If the DVR Counselor determines that more hours are needed after the provision of a majority of 40 hours, additional hours may be authorized.

**Job Coaching with Certified Interpreter, includes Certified Deaf Interpreter** *(Procedure Code 27200-01)*: Individual, up to $23/hr. Certified Interpreting is separate line item on authorization.

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**Job Stability** *(Effective November 2016)*

<table>
<thead>
<tr>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
</table>
| NA | **Supported Employment Only, $1000** | A client with extended supports must be determined to have stabilized in employment, which means:
  - The client is reasonably expected to continue to perform all job duties acceptably without the provision of further vocational rehabilitation services;
  - The client, DVR Counselor, employer, and support team agree that the employment is stable and satisfactory;
  - It is anticipated that successful closure will be achieved after the 90 days of being in Extended Services;
  - Extended supports are sufficient to maintain the job. |

**Procedure Code:** 28002-07

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February 2017
Extended Services means:
- Ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment;
- Provided by an agency, which may include a State agency, a private nonprofit organization, the employer or any other appropriate resource including family member(s);
- The extended support provider contacts the employer and the employee at least twice per month to monitor job stability. If under specific circumstances, especially at the request of the individual, the IPE provides for off-site monitoring, twice monthly meetings with the individual.

Expectations for Payment:
- The job placement represents employment in a competitive integrated community setting;
- The employment and work situation is consistent with the client’s strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;
- The JPSP has submitted the Job Stability Report for Supported Employment.

*The JPSP will continue to submit monthly progress reports until client has achieved successful case closure, 90 days or more. Client and employer engagement is required through Extended Services provision, however, reporting to DVR is not necessary after DVR case closure.*

<table>
<thead>
<tr>
<th>Expedited Placement Payment</th>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Additional</td>
<td>Additional</td>
<td>An additional placement payment to the JPSP when client secures employment as a result of their active involvement within 60 days of the begin date of the authorization for Milestone 1.</td>
</tr>
<tr>
<td>Additional $200 if placed within 60 days</td>
<td>$200 if placed within 60 days</td>
<td>Authorization: DVR Counselor authorizes for an Expedited Placement Payment at the time as authorization for Milestone 1 and 2. If applicable,</td>
<td></td>
</tr>
</tbody>
</table>

Procedure Code: 87001-04

Procedure Code: 87002-04
payment is made at the same time as payment for Milestone 2.

<table>
<thead>
<tr>
<th>Supplemental Job Placement Payment</th>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$300</td>
<td></td>
<td>Loss of Employment Prior to Closure: If the client loses the job before successful closure for reasons unrelated to the appropriateness of the initial placement, the DVR Counselor may authorize remaining Milestone 1 hours and/or the appropriate flat fee for Supplemental Job Placement Payment to the JPSP to continue to assist the client in finding employment that matches the desired employment goal, as stated on IPE. An authorization for the Supplemental Job Placement Payment can only be issued once per client, per JPSP.</td>
</tr>
</tbody>
</table>

**Authorization:** The DVR Counselor shall not issue additional authorizations for Milestone 1 if the maximum amount of hours has already been paid. The DVR Counselor can authorize for the remaining amount of hours if the maximum amount of hours has not been reached and clear documentation from monthly progress reports and client contacts illustrate that the client would benefit from continuing to work with the placement provider. Milestone 1 hours, when available, can be billed as performed and with required documentation submitted to the DVR counselor. A Supplemental Job Placement Payment may be paid only upon placement into employment that matches the desired employment goal, as stated on the IPE.

<table>
<thead>
<tr>
<th>Milestone 3: Successfully Closed, Rehabilitated</th>
<th>Tier I Fee</th>
<th>Tier II Fee</th>
<th>Description of Activity and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$1,200</td>
<td></td>
<td>Successfully Closed, Rehabilitated means:</td>
</tr>
<tr>
<td>Procedure Code: 87001-03</td>
<td>Procedure Code: 87002-03</td>
<td></td>
<td>- The client has obtained the employment outcome planned in the Individualized Plan for Employment;</td>
</tr>
<tr>
<td></td>
<td>Supported Employment Only*: $200</td>
<td></td>
<td>- The client and DVR Counselor agree that the employment outcome is stable and satisfactory (if needed, the DVR Counselor may contact the employer to gain verification of stability);</td>
</tr>
</tbody>
</table>
Chapter 14: Job Search and Placement Services

DVR Fee Schedule

(Effective November 2016)

Procedure Code: 28002-08

- The job is consistent with the individual's strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice
- Non-supported cases only, the client has been employed in the position for at least 90 days and is expected to remain without further DVR services (DVR case closure)

Expectations for Payment:
- The JPSP has followed up with client at a minimum of once per month upon hire into employment to provide continued support, assist with any vocational concerns that may arise, monitoring of the individual at the job site to assess employment stability, and report to the DVR Counselor progress and/or areas to address. When applicable, the JPSP will follow up with employer to gain feedback as well;
- The JPSP must submit monthly progress reports detailing client contact and a description of any services provided until successful employment has been secured;
- JPSP must submit a Closure Report to DVR Counselor within one calendar week of or after a minimum of 90 days or when closure is deemed appropriate. Closure report will include rationale for determining employment is stable and detailing client’s employment information;
- The DVR Counselor is responsible for determining when the client’s case shall be closed rehabilitated. **Payment is made when case is closed rehabilitated.**
- *Supported employment cases only, the client has been in stable employment and extended services for at least 90 days.*

Authorization: The DVR Counselor authorizes for Milestone 3 after Milestone 2 has been paid. The JPSP must be “active” and in good standing at the time of successful closure to receive payment.

<table>
<thead>
<tr>
<th>Exceptional Wage Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier I Fee</strong></td>
</tr>
<tr>
<td>$200</td>
</tr>
</tbody>
</table>
Chapter 14: Job Search and Placement Services

DVR Fee Schedule

<table>
<thead>
<tr>
<th>Procedure Code: 87001-06</th>
<th>Procedure Code: 87002-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>the Department of Labor’s prevailing wage or higher of the most recent year for comparable positions. To receive payment for exceptional wages, the JPSP must request such payment and provide documentation of the client’s wage exceeding the prevailing wage. The DVR Counselor must file this documentation in the client case file. More information can be obtained at <a href="http://www.wdol.gov">www.wdol.gov</a></td>
<td></td>
</tr>
</tbody>
</table>

**Authorization:** The DVR Counselor authorizes when Milestone 2 is paid (if applicable, and the wage is verified with the client). Payment is made directly before closure if requested by the JPSP and documentation verifies that criteria for payment are met.

**Employer Hiring Incentives**

**Employment Stipend** (Procedure Code 86757-01): A payment to an employer for part of a client's salary when necessary to procure a competitive integrated employment. Wages must be commensurate to those provided to other employees performing the same or similar work

**Requirements:**
- Stipend may not exceed 100% of the client’s monthly salary for any month;
- Stipend is limited to a maximum of one month;
- Payment for both On-The-Job training and an employment stipend to the same employer is not allowed.

**On-the-Job Training** (OJT, Procedure Codes 27300-01, 27300-02, 27300-03, 27300-04): Job skill training provided by the employer in an employment setting after placement has been secured with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful. The training fee paid to the employer by DVR is designed to offset the employer’s costs for lost productivity while training the consumer to perform job duties satisfactorily. All on-the-job training arrangements will be documented using DVR’s On-the-Job Training document.

**Requirements:**
- Individuals must be compensated by the employer at the usual and customary wages for the required skill level and type of position in which the individual is placed.
- Typical training period shall not exceed three months. When three months of on-the-job training is insufficient to permit the consumer to develop the skills necessary to perform the job duties satisfactorily, the counselor may approve additional months of training in 1-month increments. For each additional...
month approved, a new OJT Agreement must be developed. The total number of months of on-the-job training shall not exceed six months.

- Payment includes written monthly training reports from the employer that identifies, at a minimum, the training content/skills taught during the month and the degree of mastery demonstrated by the consumer.
- Payment for both on-the-job training and an employment stipend to the same employer is not allowed.

**Monthly Payment Rate:** Payment is made to the employer in accordance with the individual’s wages during the training period.

- First month cannot exceed 75% of the individual’s salary or wage;
- Second month cannot exceed 50% of the individual’s salary or wage;
- Third month cannot exceed 25% of the individual’s salary or wage.

**NOTE:** Variation from the payment schedule outlined above is permitted if justified. However, payment for any month cannot exceed 75% and the total payments for the term of the OJT Agreement cannot be more than 50% of the individual’s salary or wage.

**Job Search Activities as Standalone Services**

**Job Seeking Skills Training (JSST):** Training to teach clients how to independently job search, including preparing résumés, completing applications, and interviewing. Typically, JSST would not be provided more than once to the same client over the course of the Individualized Plan for Employment unless the counselor determines with appropriate justification that further training is needed.

**Individual Job Seeking Skills Training** (Procedure Code 27500-01)

**Payment Rate:**
- Up to $26.00/hour
- Up to 15 hours (maximum $390.00)
- Covers all costs for training, including preparation of periodic written reports

**Group Job Seeking Skills Training** (Procedure Code 27500-02)

**Payment Rate:**
- Up to $11.00/hour
- Up to 15 hours (maximum $165.00)
- Covers all costs for training, including preparation of periodic written reports

**Job Club** (Procedure Code 81500-01): A structured group setting to provide assistance and support for job search activities, emphasizing self-directed job search techniques. The service is intended to be transferable to enable the client to conduct an independent job search. Providing Job Club services repeatedly is not typically expected to occur unless appropriate justification is provided in the service record.
**Payment Rate:**
- Up to $52.00/week per client
- Up to 15 consecutive weeks (maximum $780.00)
- Covers all costs for training, including preparation of periodic written reports

**Successful Outcome/Placement Resulting from Job Club** (Procedure Code 81550-01): DVR may make payment to any provider for a placement services, given all of the following conditions apply:
- The job placement represents employment in a competitive integrated community setting;
- The employment and work situation is consistent with client’s strengths, resources, priorities, interests, concerns, abilities, capabilities, and informed choice as reflected in the IPE;
- The JPSP was actively involved in job placement activities with client, as evidenced by activities in monthly progress reports, client, and/or employer reports;
- The client has begun the job and has worked at least five full shifts or three weeks on the job at the job site performing their actual job duties (whichever occurs first), not including orientation time;
- The employment is expected to continue to be verified by DVR staff with client and/or employer;
- The **Notice of Employment** form has been completed and submitted to the DVR Counselor

**Payment Rate:**
- $105.00
- Payment made under separate authorization before service record is closed

**Job Search/Placement Supplies: Clothing, Grooming, Résumé, and Other**

**Clothing** (Procedure Code 81101-01): Clothing may be purchased if necessary, appropriate, and at least possible cost to attain employment.

**Grooming** (Procedure Code 81200-01): Grooming supplies and services may be purchased necessary, appropriate, and at least possible cost to attain employment.

**Résumé**: Once resume preparation is completed, it is not typically expected that this service would be provided repeatedly as the résumé can be updated as needed. This service cannot be combined with Job Seeking Skills Training (JSST) and is a one-time charge.

**Basic Résumé and Cover Letter, when not using Tiers I and II** (Procedure Code 86040-01): Preparing a client’s basic résumé and cover letter. This service is included as part of Milestone 1 but may be authorized separately for clients not receiving job search and placement assistance from a job placement service provider.
Payment Rate:
- $100.00
- Includes 20 hard copies and résumé in electronic format


Payment Rate:
- $250.00
- Includes 20 hard copies and résumé in electronic format

Basic and Federal Résumé with Cover Letter (Procedure Code 86040-03): Preparing a basic résumé and a federal résumé (including account setup at www.usajobs.gov) for a client.

Payment Rate:
- $300.00
- Includes 20 hard copies each of basic and federal, cover letters for both, and providing resumes in electronic format

Supplies, Other (Procedure Code 81001-01)
CHAPTER 15: SUPPORTIVE SERVICES
(Reviewed January 2016)

Transportation
Transportation services cover travel and travel-related expenses for transporting applicants and eligible individuals (and their attendants or escorts) to enable them to participate in other vocational rehabilitation services being furnished. Transportation services include payment for the transit of individuals and/or escorts to and from specific locations as planned for on the Individualized Plan for Employment (IPE), emergency automobile repair, payment of parking fees, etc. Transportation is a need-tested service assessed through the Financial Need Analysis and shall only be provided in conjunction with the provision of a core service(s). Transportation shall not be provided by itself or in conjunction with only maintenance payments, services to family members, and/or personal assistance services.

Public Transportation (Procedure Code 31000-01)
Whenever available, public transportation is the primary option for participating in DVR services unless the individual’s impairment-related limitations prevent use of public transportation. Or, if the individual chooses to use his/her own vehicle when public transportation is available and accessible, DVR may provide mileage reimbursement but at a rate not to exceed the cost of public transportation.

Personal Automobile, Participant Reimbursement (Procedure Code 31000-15): DVR may reimburse participants for use of a personal vehicle at a rate not to exceed the cost of available public transportation unless the individual’s impairment-related limitations prevent the use of public transportation. The cost of available public transportation is determined through review of local transit provider fares, taking into consideration potential eligibility for reduced fares for individuals with disabilities. A DVR Vehicle Mileage Log shall be completed to determine if the reimbursement will be at the equivalent rate of a bus pass or based on actual miles (whichever is less).

Any reimbursement is in accordance with State Fiscal Rule 5-1, State Controller’s Policy under the Prevailing Mileage Rate, $.48/mile (www.colorado.gov/pacific/osc/mileage-reimbursement-rate). A higher mileage reimbursement rate for four-wheel drive vehicles is allowable only when necessary because of road, terrain, or adverse weather conditions. If the 4WD mileage reimbursement rate is requested, documentation substantiating the circumstance must be attached to the DVR Mileage Reimbursement Log.

NOTE: Mileage reimbursement is compensation for fuel as well as normal automobile maintenance on vehicle(s), incidental repairs, and insurance.

Requirements:
- Valid driver's license
- Current vehicle insurance
Chapter 15: Supportive Services

Use of a registered vehicle
Copies of these documents with the DVR counselor
Monthly submission of DVR Vehicle Mileage Log
Calculation and approval by the DVR counselor

Emergency Automobile Repair (Procedure Code 31000-02)

Requirements:
- Individual cannot utilize any other available mode of transportation and vehicle cannot be operated safely
- Vehicle to be repaired is appropriately licensed and registered to the client or the client’s spouse
- Payment to auto mechanic/repair shop will be at the lowest available usual and customary rates, as determined through obtainment of informal quotes
- DVR staff has consulted supervisor, as appropriate, and the DVR Service Policy Manual for additional considerations related to automobile repair (e.g., repair costs exceeding Kelley Blue Book car value)

NOTE: Automobile maintenance is the routinely scheduled services, inspections, part replacements, and insurance. Maintenance is covered through mileage reimbursement and is therefore not otherwise provided as a separate DVR service.

Cab Fare (Procedure Code 31000-05): Cab fare may be paid only when the individual cannot utilize any other less expensive form of transportation, including public transportation.

Pay Rate:
- Lowest available usual and customary rates, not to exceed fees charged to other individuals or entities under comparable circumstances.
- An additional fee, negotiated with the cab company, if the individual requires “door-to-door” pick-up and delivery assistance due to the disability

Mobility Van/Ambo Cab (31000-03, 31000-04): Mobility van services provide “curb-to-curb” service unless the individual requires “door-to-door” pick-up and delivery assistance due to the disability. Mobility van services may be used only if the individual’s circumstances preclude the utilization of other, less expensive means of transportation.

Pay Rate:
- Base Rate $12.06/round-trip
- Add to the base rate $.48/mile
- “Door-to-door” pick-up and delivery assistance due to the disability negotiated with provider in advance

Maintenance (Procedure Code 35000-01): Maintenance is monetary support that may be provided to an individual to cover expenses that are IN EXCESS of (or over
and above) the normal expenses that an individual may incur for the participation in assessment for determining eligibility or services under an IPE.

**Requirements:**
- Comparable benefits search
- Eligible individuals complete Financial Needs Analysis, as applicable
- Not to be provided to replace previous sources of income that are no longer available due to the individual's participation in the vocational rehabilitation program
- Not to be provided by itself or in conjunction with only transportation, services to family members, and/or personal assistance services

**Payment Rate:** Limited to actual increased costs for food, shelter, and clothing minus the amount the individual is required to pay normally. Standardized comparative values have been created in order to compare the cost of living between two communities. The tool to calculate maintenance payments is located online: [http://livingwage.mit.edu/](http://livingwage.mit.edu/)

**Personal Assistance Services**
Personal assistance services are a range of services to assist an individual with a disability to perform daily living activities that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's independence and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising and directing personal assistance services.

**Attendant Care/Personal Assistance Services** (Procedure Code 35800-01): Attendant care is assistance provided to an applicant or eligible individual in the performance of personal care tasks, such as grooming, administering medications, bowel and bladder activities, bathing, etc.

**Payment Rate:** Lowest available usual and customary rates charged to other individuals with comparable care needs.

**Homemaking Assistance** (Procedure Code 35850-01) Homemaking activities include assistance in performing and/or managing household tasks, shopping, bill paying, etc.

**Payment Rate:** Lowest available usual and customary rates charged to other individuals with comparable care needs.

**Services to Family Members of an Applicant or Eligible Individual**
Supportive services may be provided to family members only when necessary to enable the applicant or eligible individual to achieve an employment outcome. Such services may include childcare and eldercare when the individual is responsible for the daily living needs of children or parents, family relocation costs
when necessary for the employment of the individual, family therapy, and transportation for family members.

**Transportation for Family Members:** Transportation services available to members of an individual's family are the same as those for transportation services provided to the individual.

- **Bus Pass Rate, Public Transportation** (Procedure Code 31304-01)
- **Private Vehicle: Insurance, repair, and other expenses; not vehicle modifications** (Procedure Code 31304-02)
- **Mobility Van/Ambo Cab** (Procedure Code 31304-03), base rate, add to the per mile rate
- **Mobility Van/Ambo Cab** (Procedure Code 31304-04), per mile, add to the base rate
- **Cab Fare** (Procedure Code 31304-05), ONLY when cannot utilize public transportation
- **Airfare or Other Non-Local Transportation** (Procedure Code 31304-06)
- **Personal Vehicle Mileage Reimbursement** (Procedure Code 31304-08), limited to available public transportation cost

**Counseling for Family Members:** Counseling services for a client’s family members are similar to those services provided to the individual, and may take place in a group or individual setting.

**Childcare and Eldercare** (Procedure Code 35504-01): The maximum amount payable for child or eldercare is determined by the rate paid by the county department of social services in the county in which the services are provided.

**Payment Rate:** Please refer to your local county Department of Human Services for childcare and eldercare rates.
APPENDIX A: PROVIDER STANDARDS

Vocational goods and services can only be purchased from organizations and individuals who meet the Division of Vocational Rehabilitation’s minimum standards.

Accrediting Organizations
The following organizations appear throughout the “Standards for Providers”:

- **Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)** – certifies individuals who provide rehabilitation and education services to persons with vision loss or blindness.
- **Association for Driver Rehabilitation Specialists for the Disabled (ADED)** – certifies individuals who teach persons with disabilities to drive using adaptive equipment or adapted vehicles.
- **Commission on Accreditation of Rehabilitation Facilities (CARF)** – conducts on-site reviews to look at a provider’s overall organizational structure, management, governance, qualifications of staff, as well as each service component. CARF ACCREDITATION accredits specific program area(s) surveyed.
- **Commission on Rehabilitation Counselor Certification (CRCC)** – certifies rehabilitation counselors (CRCs) and renews certification of existing vocational evaluators (CVEs).
- **National Association of the Deaf (NAD)** – offered certifications to providers of interpreting/transliteration services to persons who are deaf or hard-of-hearing between the early 1990s and late 2002. To continue to maintain certification, NAD credentialed interpreters must be registered with RID and comply with all aspects of RID’s Certification Maintenance Program.
- **National Mobility Equipment Dealers Association (NMEDA)** – qualifies dealers of equipment used to adapt vehicles for persons with disabilities through its "Quality Assurance Program."
- **Registry of Interpreters for the Deaf (RID)** – a national organization with stringent standards that certifies American Sign Language (ASL) interpreters.
- **Rehabilitation Engineering & Assistive Technology Society of North America (RESNA)** – certifies professionals assisting in the selection of appropriate assistive technology for persons with disabilities and providing training in the use of the selected device(s).
- **Rehabilitation Services Accreditation System (RSAS)** – accredits on-site reviews to evaluate the overall performance outcomes of the service provider. It also requires monthly service outcome data from the service provider, which is made available to the Division for monitoring service provider effectiveness and consumer satisfaction.

For most goods and services, there is a range of acceptable qualifications that may vary, depending on whether the provider is a multiple-employee outfit or an individual.
The standards are organized in the following order:

I. Non-Medical Assessment
II. Training
III. Interpreter, Note-Taker, and Reader Services
IV. Rehabilitation/Assistive Technology
V. Occupational Licenses, Tools, and Equipment
VI. Job Search and Placement
VII. Self-Employment
VIII. Supportive Services

### I. Non-Medical Assessment

#### Standardized Vocational Evaluations

- CARF accreditation in the area of Comprehensive Vocational Evaluation Services and/or
- RSAS accreditation

**- OR -**

The individual providing the vocational evaluation service possesses one or more of the following:

- CVE certification
- Occupational Therapy License

#### Situational Assessments: Facility-Based

- CARF accreditation in the area of Comprehensive Vocational Evaluation Services or Community Employment Services and/or
- RSAS accreditation

**- OR -**

The individual providing the situational assessment service(s) possesses one or more of the following:

- CVE certification
- Certification in Occupational Therapy
- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field.

#### Situational Assessments: Community-Based

- CARF accreditation and/or
- RSAS accreditation

**- OR -**

The individual performing the situational assessment service(s) possesses one or more of the following:
• CVE certification
• Occupational Therapy License
• Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field
• One year of full-time work experience providing the service which demonstrates to the Division's satisfaction the skills and experience necessary to provide the service(s)

### Personal Adjustment Evaluations (VI)

- CARF accreditation in the area of Personal, Social & Community Support Services
- RSAS accreditation

- OR -

The individual performing the personal adjustment evaluation service(s) possesses at least one of the following:

• Bachelor’s degree or higher in Rehabilitation Services or closely related field
• Eligibility for certification through the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)
• Bachelor’s degree or higher in Orientation & Mobility Services
• Bachelor’s degree or higher in Rehabilitation Teaching or Vision Services

### Rehabilitation Technology Evaluations

- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living and/or
- RSAS accreditation

- OR -

The individual performing the evaluation:

- RESNA certification
  and/or

- is a Registered Physical Therapist, and/or
- is an Occupational Therapist – Registered, and/or
- is a design engineer and/or
- possesses a degree in rehabilitation technology, and/or
- possesses a degree in speech pathology,

- OR -

The individual performing the evaluation for an individual must have a minimum of one year of full-time work or personal experience using adaptive devices and/or other assistive technology accommodations designed for use for individuals that demonstrates to the Division’s satisfaction that he or she
possesses the skills and experience necessary to effectively evaluate an individual's rehabilitation technology needs.

**Adaptive Driving Evaluation**

ADED certification

**II. Training**

### Work Adjustment Training: Facility-Based

- CARF accreditation in the area of Employee Development Services, Community Employment Services, or Organizational Employment Services
- RSAS accreditation

- OR -

The individual performing the work adjustment training possesses at least one of the following:

- CVE
- Occupational Therapy License
- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field

### Work Adjustment Training: Community-Based

- CARF accreditation in the area of Employee Development Services or Community Employment Services **and/or**
- RSAS accreditation

- OR -

The individual performing the work adjustment training:

- is a certified vocational evaluator by the Commission on Certification of Work Adjustment & Vocational Evaluation Specialists (CCWAVES), which is currently being monitored by CRCC,
- Occupational Therapy License
- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, or closely related field Minimum of one year's full-time work experience providing the service that demonstrates to the Division’s satisfaction that he or she possesses the skills and experience necessary to provide valid and useful work adjustment training.

### Personal Adjustment Training (Non-VI)

- CARF accreditation in the area of Personal, Social & Community Support Services and/or
- RSAS accreditation
- OR -
  • The individual performing the personal adjustment training services possesses a bachelor’s degree or higher in one or more of the following areas of study:
  • Rehabilitation Services
  • Rehabilitation Counseling
  • Social Work
  • Occupational Therapy
  • Closely-related field

**Personal Adjustment Training (VI)**

- OR -
The individual performing the personal adjustment training services possesses a bachelor’s degree or higher in one or more of the following areas of study:
  • Rehabilitation Services
  • Rehabilitation Counseling
  • Social Work
  • Occupational Therapy
  • Vision Rehabilitation Therapy
  • Orientation & Mobility
  • Closely related field
  • Eligibility for certification through ACVREP

**Communication Skills Training**

<table>
<thead>
<tr>
<th>Augmentative Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrated proficiency in training in communication techniques or devices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Braille Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency in Grade 2 or higher Braille</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>English as a Second Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>The individual providing the training has training in English language instruction and/or possess a current Colorado educator license in the appropriate area</td>
</tr>
</tbody>
</table>
### Sign Language: Certified Interpreter, including Certified Deaf Interpreter
(Reviewed February 2016)

The individual providing the service must possess certification with the Registry of Interpreters for the Deaf (RID) or NAD certification at the advanced or master level in compliance with all aspects of RID’s Certification Maintenance Program.

### Driver’s Training (Non-Adaptive)

In Colorado, the instructor must be state-certified.

### Cognitive/Learning Disabilities Training

- Speech-Language Pathology Certification
- Colorado license to practice psychology
- Colorado Department of Education License Endorsement in School Psychology
- Bachelor’s or Master’s Degree in Special Education with a current teaching certificate

### Academic Training

#### Degreed/Non-Degreed Educational Programs from Colorado Colleges and Universities

<table>
<thead>
<tr>
<th>Colorado Colleges and Universities</th>
<th>Private/Out-of-State Colleges and Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be accredited and authorized to operate by Colorado Department of Higher Education</td>
<td>Must be accredited and authorized to operate in residing state</td>
</tr>
<tr>
<td>Seminary or Bible colleges do not require accreditation or authorization by the State if pursuing degree or certificate in religious-related studies</td>
<td></td>
</tr>
</tbody>
</table>

### GED Preparation

Demonstrates to the Division’s satisfaction that the individual providing the service is capable of instructing adults in the acquisition of the academic skills necessary to pass the GED examination.
### Vocational Training

<table>
<thead>
<tr>
<th><strong>Correspondence, Trade, Business, and Vocational Schools</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must be an accredited</td>
</tr>
<tr>
<td>• If in Colorado, must also be authorized to operate by Colorado Division of Private Occupational Schools</td>
</tr>
<tr>
<td>• Depending on the type of school and training provided, may require licensure by or registration with the Colorado Department of Regulatory Agencies</td>
</tr>
<tr>
<td>• Schools outside of Colorado must also be authorized to operate in accordance with that state’s regulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Skill Training</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• CARF accreditation in the area appropriate to the training location and content and/or</td>
</tr>
<tr>
<td>• RSAS accreditation - OR -</td>
</tr>
</tbody>
</table>

The individual performing the skill training must possess at least one of the following:

• Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, special education, or closely related field
• Demonstrated skills to the Division's satisfaction that can provide the specific skills training required by the client

<table>
<thead>
<tr>
<th><strong>Books, Supplies, and Materials</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A business must be licensed in the state of purchase.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Non-Adaptive Training Equipment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A business must be licensed in the state of purchase.</td>
</tr>
<tr>
<td>• The individual providing the non-adaptive training equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Tutorial Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The individual providing the service is capable of instructing adults in the acquisition of the skills necessary to achieve the objective and employment outcome identified on the Individual’s Plan for Employment.</td>
</tr>
</tbody>
</table>
Other Training Services

### On-the-Job Training

Individual providing the training services possesses the education and skills necessary to enable the consumer to acquire the skills and knowledge for successful performance of the job duties identified as the employment outcome.

### Job Coaching

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

- OR -

Individual performing the job coaching possesses one or more of the following:

- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, special education, or a closely related field
- One year or more of full-time work experience providing satisfactory job coaching services

### III. Communication Services
(Reviewed February 2016)

#### Sign Language: Certified Interpreter, including Certified Deaf Interpreter

Individual providing service must possess:

- Certification with the Registry of Interpreters for the Deaf (RID)

- OR -

- NAD certification at the advanced or master level in compliance with all aspects of RID’s Certification Maintenance Program

#### Sign Language: Communication Assistant, including Deaf Communication Assistant

A qualified individual or family member who can demonstrate accurate understanding of what a client says or who can accurately communicate to the consumer what is being said into the preferred mode of communication.

#### Foreign Language Interpreter

Individual providing service must possess a Bachelor’s Degree in the language to be spoken.

A counselor and client may also choose the following two options:
• A non-family member who is able to facilitate accurate communication with the consumer in the consumer’s native language
• Family member who can demonstrate accurate communication with the consumer in his or her native language as well as in English.

**General Reading**

Individual providing the reading service possesses either:

- High School Diploma or
- General Equivalency Diploma (GED)

and

Assures that the reading accurately communicates the printed text.

**Technical/Complex Reader Services or Reader Services with Technology Access**

Individual providing reading of technical/complex material possesses:

- Education or verifiable expertise in highly technical, industry-specific area
- OR -

Verifiable experience providing access to technology and electronic information that is not accessible to individuals with disabilities

and

Assures that the reading accurately communicates the printed text.

**Note Taking**

Individual providing note taking services possesses either:

- High School Diploma or
- General Equivalency Diploma (GED)

and

Assures that the reading accurately communicates the printed text.

**IV. Rehabilitation/Assistive Technology Services**

**Vehicle Modification**

Individual or business providing the vehicle modification must be a member of the National Mobility Equipment Dealers Association (NMEDA).
**Residence Modification**
Meets local city/county licensing and building requirements.

**Job Site Modification**
Individual or organization possesses at least one of the following qualifications:
- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living
- RSAS accreditation
- RESNA certification
- Physical Therapy license
- Occupational Therapy license
- Experience as a rehabilitation engineer Degree in Rehabilitation Technology
- Degree in Speech Pathology
- Supervision or working at the direction of a DVR rehabilitation counselor or an otherwise qualified individual.
- Commitment to meet local city/county licensing and building requirements when construction is involved

**Purchase of Assistive Technology Devices**
- A business must be licensed in the state of purchase.
- The individual providing the assistive technology devices can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

**Rental and Repair of Assistive Technology Devices**
- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of assistive technology devices can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

**Professional Rehabilitation Technology Services**
- CARF accreditation in the area of Assistive Technology for Employment or in Assistive Technology for Living
- RSAS accreditation

- OR -

Individual performing the service possesses at least one of the following:
- RESNA certification
- Physical Therapy license
- Occupational Therapy license
• Experience as a rehabilitation engineer Degree in Rehabilitation Technology
• Degree in Speech Pathology
• Supervision or working at the direction of a DVR rehabilitation counselor or an otherwise qualified individual.
• A minimum of one year of full-time work or personal experience using adaptive devices and/or other assistive technology accommodations designed for use for individuals, which demonstrates to the Division's satisfaction that he or she possesses the skills and experience necessary to effectively meet an individual's rehabilitation technology needs.

V. Occupational Licenses, Tools, and Equipment

Purchase of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the non-adaptive occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

Rental and Repair of Non-Adaptive Occupational Tools and Equipment

- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

Occupational Licenses and Fees

Meets the appropriate state and other associated requirements necessary to administer tests and issue licenses.

VI. Job Search and Placement

Job Seeking Skills Training (JSST)

- CARF accreditation in the area of Employee Development Services or Community Employment Services or
- RSAS accreditation
  - OR -

Individual providing JSST possesses at least one of the following:

- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely-related field
- Minimum of one year full-time work experience providing the service which demonstrates to the Division's satisfaction the skills and experience necessary.
**Placement Goods (Including Clothing, Grooming, and Résumés)**

- A business must be licensed in the state of purchase.
- The individual providing the job placement supplies can demonstrate to the Division’s satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the supplies.

**Job Club**

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

- OR -

Individual performing the job club services possesses at least one of the following:

- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely related field
- Minimum of one year full-time work experience providing the service that demonstrates to the Division’s satisfaction that he or she possesses the skills and experience necessary to provide job club services

**Job Placement**

- CARF accreditation in the area of Community Employment Services
- RSAS accreditation

- OR -

Individual performing job placement services possesses at least one of the following:

- Bachelor’s degree or higher in Rehabilitation Services, Rehabilitation Counseling, human resources, marketing, job placement, or closely related field
- Minimum of one year full-time work experience providing the service that demonstrates to the Division’s satisfaction that he or she possesses the skills and experience necessary to provide job placement services

**Employer Stipend**

A business must be licensed in the state of purchase.

**VII. Self-Employment Services**

**Purchase of Non-Adaptive Occupational Tools and Equipment**

- A business must be licensed in the state of purchase.
- The individual providing the occupational tools and/or equipment can demonstrate to the Division’s satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).
### Rental and Repair of Non-Adaptive Occupational Tools and Equipment
- A business must be licensed in the state of purchase.
- The individual providing the rental or repair of occupational tools and/or equipment can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).

### Initial Stock and Inventory
A business must be licensed in the state of purchase.

### Self-Employment Services & Consultation
- A business must be licensed in the state of purchase.
- The individual providing the self-employment services can demonstrate to the Division's satisfaction that he or she possesses the skills and any certifications or licensees necessary to legally provide the service(s).
APPENDIX B: DEFINITIONS

Academic Training
Training provided to develop academic and reasoning abilities as well as skills for a specific occupation typically leading to certificates or degrees at the associate level or higher.

Ambulatory Surgery Center (ASC)
A distinct entity that operates exclusively for furnishing outpatient surgical procedures.

Anisokonic Lenses
Lenses that correct for lack of binocular vision.

Assistive Technology Device (AT)
A non-medical piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive Technology Service
Any service that directly assists individuals with disabilities in the selection, acquisition or use of an assistive technology device. This includes assistive technology evaluations; purchasing, leasing or otherwise assisting with acquisition of an assistive technology device; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices; coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance to the individual, family members, guardians, advocates or authorized representatives in the use of the device; and, training or technical assistance for professionals, employers and others who are substantially involved in the major life functions of the individual to the extent necessary to the achievement of an employment outcome by an individual with a disability.
<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By Report (BR)</strong></td>
<td>Procedures referred to as “By Report” or “BR” in the RVP that are unusual and so variable that no relative value is assigned.</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>A form of medicine focusing on diagnosis, treatment, and prevention of mechanical disorders of the musculoskeletal system, especially the spine, under the principle that these disorders affect general health via the nervous system.</td>
</tr>
<tr>
<td><strong>Chiropractic Adjustment</strong></td>
<td>Treatment whereby a chiropractor uses their hands or a small instrument to apply a controlled, sudden force to a joint to attempt to correct structural alignment and improve the body’s physical function.</td>
</tr>
<tr>
<td><strong>Clinical Laboratory</strong></td>
<td>A certified provider who performs microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological, or other examinations of materials derived from the human body to provide information for diagnosis, prevention, or treatment of any disease or the assessment of a medical condition.</td>
</tr>
<tr>
<td><strong>Cognitive Skills Training</strong></td>
<td>Training in the development of cognitive skills to improve attention, memory, and problem solving.</td>
</tr>
<tr>
<td><strong>Communication Skills Training</strong></td>
<td>Training in specialized visual, auditory, or sign language communication techniques needed by an individual with a disability to communicate with others.</td>
</tr>
<tr>
<td><strong>Community-Based Services</strong></td>
<td>Services provided in realistic life settings as applicable for the specific service, such as realistic work settings, an applicant or eligible individual’s home, or the community environment, etc.</td>
</tr>
<tr>
<td><strong>CPT Codes</strong></td>
<td>&quot;Current Procedural Terminology&quot; (CPT) codes, developed by the American Medical Association to identify medical services and related treatment procedures performed by physicians.</td>
</tr>
</tbody>
</table>
Appendix B: Definitions

**Dentistry**
Conduct of dental diagnostic or therapeutic services, including oral surgery; furnishing, supplying constructing, or repairing prosthetic dentures, bridges, appliances, or other structures worn in the human mouth; diagnosis and treatment of diseases, pain, deformity, deficiency, injury, or physical condition of human teeth, jaws or adjacent structure; extracts of human teeth; repairs of cavities; and dental x-rays.

**Driver’s Training**
Formalized instruction in the safe operation of a motor vehicle.

**Driver’s Training (specialized)**
Driver’s training involving the use of specialized adaptive equipment, depending on the individual’s needs.

**Durable Medical Equipment**
Equipment that can withstand repeated use and which generally does not have a value to the user in the absence of a medical or physical condition.

**Employment Stipend**
Payment to an employer for part or all of an individual’s salary for up to one month when necessary to procure a job placement. After one month, the employer agrees to provide the individual commensurate wages and benefits as provided to other individuals performing the same or similar work.

**Facility-Based Services**
Services provided in environments designed specifically to furnish goods and services to persons with disabilities and other special populations, such as community rehabilitation program facilities, clubhouses, independent living centers, special residential facilities, extended employment sites, etc.

**GED Preparation**
Educational services provided on a one-to-one basis or through an adult learning program to help an individual prepare for obtaining a general equivalency diploma (GED).

**Goods**
Commodities obtained from vendors or via comparable benefits that have been determined necessary for participation in
vocational rehabilitation services or attainment of an employment outcome.

**HCPCS Codes**

“Healthcare Common Procedure Coding System” numbers, a national coding system for numerous medical and medically related services developed by the Health Care Financing Administration (HCFA).

**Hearing Aid Dealer**

Individual engaged in the practice of fitting and dispensing hearing aids.

**High Index Lenses**

Corrective lenses that are thinner and lighter than conventional glass or plastic corrective lenses for high amounts of nearsightedness or farsightedness.

**Home Health Services**

Medical services provided in the individual’s place of residence (excluding hospitals or nursing homes) for the treatment of a medical or physical condition.

**Independent laboratory**

Clinical laboratory that performs diagnostic tests and is independent of both the attending or consulting physician’s office and hospital. A hospital laboratory performing tests for individuals who are not admitted as patients may be certified as an independent laboratory.

**In-Patient Hospitalization**

Hospitalization for more than 24 hours.

**Interim Value**

Relative values that have been published as a guideline for keeping pace with the rapid changes in procedure technology in the *Relative Values for Physicians* (RVP) manual. Any reimbursement disagreements should be resolved by treating “I” codes as “BR” or “RNE.”

**Intermediate Nursing Care**

Care furnished to individuals whose physical or medical condition does not require the degree of care and treatment that a hospital, extended care facility, or skilled nursing care facility is designed to provide.

**Interpreter Services**

Communication of expressive and receptive language through oral, manual, or written communication techniques. Deaf interpreter services are distinct in that the interpreter
must be certified with RID. See “Appendix A” for more detail.

**Job Club**

A structured group setting that provides assistance and support for job search activities, emphasizing self-directed job search techniques.

**Job Coaching**

Training provided by an individual other than the employer (unless under a program of natural supports in a supported employment placement) to an eligible individual after placement in a paid employment situation. Services include job skill training at the work site, work site orientation, monitoring of the individual at the job site to assess employment stability, and coordination or provision of specific services at or away from the work site to maintain employment stability.

**Job Placement**

Services to help an individual obtain suitable, stable, and satisfactory employment in an integrated setting, which is consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Services include individualized job search assistance, assistance in completing work applications, arranging for interviews, preparing for interviews, on-site job analyses, on-site consultation with employers, recommendations for work-site job modifications, and/or up to four hours of orientation to the work place, as appropriate to the individual’s specific needs.

**Job Seeking Skills Training (JSST)**

Training to teach individuals how to conduct job searches, prepare résumés, complete applications, and interview effectively. The provision of job seeking skills training is intended to enable the individual to conduct the job search as independently as possible.

**Job Shadowing**

A community-based situational assessment provided in a real work setting where the individual observes and may assist in the performance of a specific job so that the
individual has a sufficient understanding of job requirements when making a choice among potential employment goals.

**Job Site Evaluation**
A limited situational assessment (up to three hours) which consists of observing an individual with on a specific job to determine if the job and/or work setting is appropriate and/or to determine accommodations that may be needed.

**Job Site Modification**
Modification or adaptation of a workstation and/or job site to enable or improve the ability of an individual with a disability to access necessary tools, equipment, and materials for the performance of job tasks and/or perform required job tasks.

**Lenticular Lenses**
Corrective lenses that typically feature two different magnifications. One area of the lens has one refractive correction power, while the other area of the lens features a different power. For example, a pupil-sized circle in the center of the lens may be one power, while the outside edge of the lens is another. Which area has a stronger power depends upon the type of condition the doctor wishes to correct.

**Licensed Professional Counselor (LPC)**
Individual licensed to select, administer, score, and interpret tests measuring aptitudes, attitudes, abilities, achievements, interests, emotional, and other personal characteristics; to evaluate person’s personal and social functioning; to provide psychotherapy and counseling services which facilitate effective personal, emotional, social, education, and vocational development in individuals, couples, groups, and organizations; to provide mental health counseling; and, to provide counseling to build skills in communications, decision-making, problem-solving, adaptation to life changes, developing social skills, restructuring cognitive patterns, facilitating adjustment to personal crises and conflicts.
<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Maintenance</strong></td>
<td>Monetary support provided to an individual for expenses such as food, shelter, and clothing that are in excess of the normal expenses of the individual and that are necessitated by the individual’s participation in assessment for determining eligibility and vocational rehabilitation needs or the individual’s receipt of vocational rehabilitation services under an Individualized Plan for Employment (IPE).</td>
</tr>
<tr>
<td><strong>Marriage and Family Counseling</strong></td>
<td>Provision of professional marriage and family psychotherapy to individuals, couples, and family groups to assess and treat emotional and mental problems and to modify intrapersonal and interpersonal dysfunctions.</td>
</tr>
<tr>
<td><strong>Medical Emergency</strong></td>
<td>A medical condition or presenting complaint which manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably expect to result in a threat to life, immediate or delayed, or an organ or body part not returning to full normal function.</td>
</tr>
<tr>
<td><strong>Myodisc Lenses</strong></td>
<td>Corrective lenses to treat extremely high myopia often seen in low vision patients.</td>
</tr>
<tr>
<td><strong>Note Taking Services</strong></td>
<td>Services that accurately record the content of verbal material presented by an instructor, evaluator, or employer for an individual who is unable to hear or comprehend verbal communication.</td>
</tr>
<tr>
<td><strong>On-the-Job Training (OJT)</strong></td>
<td>Job skill training an employer provides to an individual with a disability at the worksite after placement in a paid employment situation, with the clear expectation that employment in the same or a similar job for the employer will continue if training is successful.</td>
</tr>
<tr>
<td><strong>Optician</strong></td>
<td>Individual who duplicates, supplies, sells, or repairs eyeglasses or corrective lenses prescribed by optometrists or ophthalmologists.</td>
</tr>
<tr>
<td><strong>Optometry</strong></td>
<td>Profession of examining the eyes for visual defects and prescribing corrective lenses.</td>
</tr>
<tr>
<td><strong>Appendix B: Definitions</strong></td>
<td><strong>DVR Fee Schedule</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td><strong>Orientation &amp; Mobility Evaluation</strong></td>
<td>Personal adjustment evaluation for persons who are or visually impaired to determine independent travel skills and needs.</td>
</tr>
<tr>
<td><strong>Orientation &amp; Mobility Training</strong></td>
<td>Personal adjustment training provided to persons who are or visually impaired to teach independent travel skills.</td>
</tr>
<tr>
<td><strong>Osteopathy</strong></td>
<td>Medical therapy that treats medical disorders through the manipulation and massage of the bones, joints, and muscles.</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Diagnostic, therapeutic, rehabilitative, preventive, and palliative services furnished by or under the direction of a physician to an individual who is not receiving room and board or professional services on a continuous 24-hour-a-day basis.</td>
</tr>
<tr>
<td><strong>Personal Adjustment Evaluation</strong></td>
<td>An individualized and systematic process to evaluate an individual’s skills, behaviors, and needs in the areas of personal functioning, homemaking, orientation and mobility, adaptive communication, assistive technology, daily living skills, and, if applicable, low vision.</td>
</tr>
<tr>
<td><strong>Personal Adjustment Training</strong></td>
<td>Training provided to help individuals develop compensatory skills and/or to adjust behavior in the areas of independent living, personal functioning, homemaking, orientation and mobility, adaptive communication, assistive technology, daily living skills, and if applicable, low vision.</td>
</tr>
<tr>
<td><strong>Personal Assistance Services</strong></td>
<td>A range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing,</td>
</tr>
</tbody>
</table>
supervising, and directing personal assistance services.

**Physician Assistant (PA)**  
Individual licensed to perform delegated acts in the practice of medicine consistent with sound medical practice and under the direction and supervision of a licensed physician.

**pl**  
Descriptor used in visual prescriptions which means "no power." Equivalent to 0 diopters.

**Podiatry**  
Evaluation and treatment of disease, ailment, pain, injury, deformity or physical condition of the human toe, foot, ankle, and tendons which insert into the foot using medical, surgical mechanical, manipulative, or electrical treatment procedures.

**Practical Nursing (LPN)**  
Performance of services necessary to care for the ill and injured under supervision of dentist, physician, podiatrist, or professional nurse; administration of treatments and medications prescribed by licensed physician.

**Professional Nursing (RN)**  
Performance of independent nursing functions and delegated medical, podiatric, and dental functions by a registered professional nurse. Includes evaluating health status through collection and assessment of health data; health counseling; therapy and treatment which is supportive and restorative to life & well-being; executing delegated medical functions as prescribed and authorized by licensed physician; referring to medical or community agencies; reviewing and monitoring therapy and treatment plan.

**Provider**  
The individual and/or organization that renders a necessary good or service.

**Psychology**  
Practice of evaluating mental or emotional function of person; construction, administration, and interpretation of tests assessing intellectual abilities, personality characteristics, cognitive skills, psychopathology, and psycho physiological characteristics; diagnosis and treatment of
emotional, behavioral, and mental disorders; psychotherapy and psychological counseling.

Psychotherapy

Treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning.

Reader Services

Verbal communication of printed text for an individual unable to read or comprehend typical written or printed materials.

Rehabilitation Engineering

Original design and fabrication of devices and solutions to problems confronted by individuals with disabilities in preparing for, entering, and/or maintaining employment.

Rehabilitation Teaching

Personal adjustment training provided to persons who are blind or visually impaired to identify, overcome, and/or circumvent barriers to communication, home and personal management, and independent mobility. May include counseling and guidance to enhance an individual's adjustment to blindness, self-reliance, and independent decision-making.

Rehabilitation Teaching Evaluation

Personal adjustment evaluation for a person who is blind or visually impaired to identify skills and needs in the areas of communication, home and personal management, adjustment to impairment, independent decision making, and independent mobility.

Rehabilitation Technology Evaluation

An assessment to identify the assistive technology devices, assistive technology services, and/or rehabilitation engineering services that are necessary for the individual to participate in vocational rehabilitation assessment and services and achieve and employment outcome.
Services
The systematic application of technologies, engineering methodologies, or scientific principles to address barriers confronted by individuals with disabilities in areas such as education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

Relocation Costs
Financial support to cover relocation expenses of an individual with a disability and/or family when it is necessary enable an individual to participate in vocational rehabilitation services and attain an employment outcome.

Residential Modification
Structural modifications or adaptations to an individual’s residence to enable access to and independent function within the residence to the degree necessary for the individual to attain an employment outcome.

RNE
"Relativity Not Established"– unit values for procedures that are atypical, new, or unknown in common practice.

Relative Values for Physicians
A manual by which an entity can establish and negotiate fees for medical and surgical procedures with the same relative values used by many insurance companies.

Self-Employment
An employment outcome whereby the individual or the entity owned by the individual is responsible for paying employer and employee Social Security taxes, income taxes, insurance, licenses, and other employee benefits. Self-employment may be a sole proprietorship, partnership, or corporation.

Self-Employment Services and Consultation
Services that address professional fees paid to business consultants, accountants, attorneys, industry experts and mentors, etc., for assisting individuals to determine whether to pursue self-employment and in developing and implementing a viable business plan. DVR will purchase such
services at the lowest available usual and customary rates as appropriate to the specific service provided.

**Service**
The furnishing of labor, time, or effort on behalf of an individual to assess eligibility and vocational rehabilitation needs, accommodate barriers to employment, and enable the individual to achieve the planned employment outcome.

**Services to Members of an Individual's Family**
Supportive services provided to family members only when necessary to enable the applicant or eligible individual to achieve an employment outcome. Such services may include childcare and elder care when the individual is responsible for the daily living needs of children or parents, family relocation costs when necessary for the employment of the individual, family therapy, and transportation for family members.

**Situational Assessment (SA)**
A type of vocational evaluation conducted to assess work behaviors, interpersonal skills, and job-related skill levels for purposes of establishing eligibility or developing the Individualized Plan for Employment. May take place in community-based settings, including real life work settings and transitional employment settings, or in facility-based settings, such as community rehabilitation program facilities.

**Skilled Nursing Services**
Nursing services which require a substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences, including the planning, organizing, and managing of a patient care plan.

**Social Work**
Psychotherapy and counseling provided to effect change in human behavior, emotional responses, and social conditions of individual, couples, families, groups, and communities.
Sphere
Part of a visual prescription, measured in diopters, which identifies the major power of a lens.

Standardized Vocational Evaluation
A type of vocational evaluation utilizing formalized testing tools and standard protocols. Standardized vocational evaluations typically involve the use of formalized normed work samples, such as the Valpar, McCarron-Dial, written tests, etc. A standardized vocational evaluation must be conducted by an individual who is qualified to administer the standardized assessment tools.

Supplemental Evaluation
A type of vocational evaluation provided for an individual receiving supported employment services subsequent to the development of the Individualized Plan for Employment when necessary to reassess the particular on-going support services needed and/or the suitability of the particular placement. Supplemental evaluations typically take the form of situational assessments when additional information is necessary to determine an appropriate change or modification in the supported employment placement.

Supported Employment Services
Ongoing services needed to support and maintain employment of an individual with a most significant disability. DVR may provide such supports up to 18 months unless, under special circumstances, the eligible individual and the rehabilitation counselor jointly agree to extend the time to achieve an employment outcome.

Training Books, Supplies and Materials
Non-adaptive materials required for the individual's participation in adjustment training programs, vocational training programs, and/or academic training programs, including books, manuals, normal supplies, special training materials, and training clothing.

Transportation
Travel and related expenses that are necessary to enable an applicant or eligible
individual to participate in vocational rehabilitation services, including expenses for training in the use of public transportation, to achieve an employment outcome.

**Trial Work Experience (TWE)**
Service provided to an applicant or eligible individual in realistic work settings to enable the individual to demonstrate abilities and capabilities to perform in work situations. Such services are provided to individuals whose eligibility or continuing eligibility is questioned due to the severity of disability.

**Tutorial Services**
One-to-one specialized instructional services provided most often in educational settings to help an individual gain knowledge and skills in a specific subject area. Tutorial services may be provided to supplement a course of formalized academic or vocational training or to remediate an individual's knowledge or skill deficit in a particular area.

**Usual and Customary Rate**
The prevailing cost of a good or service that the general public would expect to pay.

**Vehicle Modification**
Structural modifications or adaptations to a motorized vehicle to enable an individual access to and operation of the vehicle when necessary for the individual to obtain an employment outcome.

**Vocational Evaluation**
Service by which an applicant or eligible individual, in partnership with the evaluator, identifies strengths, resources, abilities, capabilities, and interests to develop a viable employment outcome. May include standardized vocational assessment, situational assessment, community-based job shadows, trial work experiences, etc.

**Vocational Training**
Training typically provided through community colleges, vocational schools, technical institutes, and other certification programs to enable eligible individuals to develop the skills necessary to perform the tasks of a specific job.
Work Adjustment Training (WAT) Also known as vocational adjustment training, training provided to help eligible individuals adjust behavior and/or develop compensatory skills in vocational areas, such as peer-work relationships, supervisory work relationships, general work behaviors and expectations, and work habits. Work adjustment training may take place in facility- or community-based settings, and it includes training to improve an eligible individual’s interpersonal skills to the degree necessary to engage employment. WAT is provided to students in integrated community settings to the maximum extent possible.

Work Experience Training A community-based training provided in real work settings for the limited purposes of exposing individuals to the world of work and what is required to maintain successful employment. Work experience is not intended to result in permanent employment.
APPENDIX C: GUIDANCE AND FORMS

Physician Proposed Treatment Plan
(To be Completed by Treating Physician)

PATIENT NAME: _______________________________ SOCIAL SECURITY #: XXX-XX __________

DOB: ____________________________

TREATING PHYSICIAN: __________________________

Address: __________________________

Phone Number: __________________________

Fax Number: __________________________

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

PROPOSED TREATMENT PLAN:

FACILITY AT WHICH TREATMENT WILL TAKE PLACE:

Name of Facility: __________________________

Address: __________________________

Phone Number: __________________________
## TYPE OF FACILITY (please check one)

- Inpatient □  
- Outpatient □  
- Ambulatory □  
- Surgery Center □

## PROCEDURAL CODE NUMBERS FROM PHYSICIAN (TO BE COMPLETED BY DVR)

<table>
<thead>
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<th>(CPT Codes)</th>
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**UPON COMPLETION PLEASE RETURN TO:**

**Vocational Rehabilitation Counselor**

**DVR Office Address**

**Phone Number**

**Fax Number**
Workers’ Compensation Coverage Information Letter

September 8, 2016

Dear DVR Partner:

This letter provides information regarding worker’s compensation coverage for the Division of Vocational Rehabilitation’s (DVR) clients in certain specific service categories.

Pursuant to section 8-40-702 of the Colorado Revised Statutes, individuals participating in the DVR program may be covered by the State of Colorado’s worker’s compensation insurance when they are receiving services sponsored by DVR. Clients may be considered an employee of the State of Colorado for the purpose of worker’s compensation coverage when the client is engaged in an activity of a State sponsored training program and is placed with an employer. Examples of the types of services provided by DVR that take place in an employment setting and may result in coverage by the State of Colorado’s worker’s compensation insurance include but are not limited to:

- Situational Assessments
- Work Adjustment Training
- Vocational Training
- Work Experiences
- On-the-Job Training in accordance with DVR’s On-the-Job Training Agreement

The State of Colorado and DVR do not represent, warrant, promise, or guarantee coverage by the State of Colorado’s workers’ compensation insurance. A client’s status as an employee and any subsequent coverage must be determined at the time of any claim filed by the client.

If you have questions regarding coverage for a specific individual in a specific service category, please contact the DVR administration office at 303-318-4371.

Thank you for partnering with DVR to achieve successful employment outcomes for people with disabilities.

Sincerely,

Barb Casey
Deputy of Finance

Division of Vocational Rehabilitation
603 17th Street, Suite 1901
Denver, CO 80202-3660
APPENDIX D: AMBULATORY SURGERY CENTERS (ASCs)

Reimbursement
For payment purposes, ASC surgical procedures are grouped into ten categories. Within the tables below, please find the ASC Grouper rates and their effective dates.

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Medicaid Program Payment Calculation
Submitted charges must represent usual and customary charges. Do not adjust charges to correspond to the anticipated Medicaid payment.

Medicaid providers must agree to accept Medicaid reimbursement as payment in full for benefit services. Medicaid clients may not be billed for charges that exceed the Medicaid allowance. Medicaid calculates payment as the provider's billed charge or the established rate for the group, whichever is less.

Multiple Procedures
When multiple procedures are performed during the same session, the ASC claim should reflect the highest or most complex procedure. Additional payment is not available for multiple or subsequent procedures performed at the same surgical setting. When multiple procedures are performed, the procedure with the highest reimbursement should be listed first on the claim.
Medicare Crossover Payment
Medicare payment for Part B Medicare crossover claims is made as follows:

1. The sum of reported Medicare deductible and coinsurance or
2. The Colorado Medicaid allowed benefit minus the Medicare payment, *whichever is less*. Third Party liability payments and Medicaid co pay amounts, as applicable, will be subtracted after the crossover allowed payment has been determined.

If the amount paid by Medicare equals or is greater than the Medicaid benefit, the Medicaid program makes no additional payment. This method of determining payment is commonly referred to as “lower-of” pricing.

**NOTE:** Except for applicable Medicaid copayment amounts, unpaid balances cannot be billed to the Medicaid client or the client's family.

Services and Items Included at a Minimum in the ASC Reimbursement:

1. Use of the facilities where the surgical procedures are performed
2. Nursing, technician, and related services
3. Drugs, biological’s, surgical dressings, supplies, splints, casts, and appliances and equipment directly related to the provision of surgical procedures
4. Diagnostic and therapeutic items and services directly related to the provision of a surgical procedure
5. Administrative, record keeping and housekeeping items and services
6. All blood products (whole blood, plasma, platelets, etc.)
7. Materials for anesthesia
8. Intra-ocular lenses (IOLs)
9. Supervision of the services of an anesthetist by the operating surgeon

Services That May Be Billed Separately
The following services/items are not included in the ASC rate and may be billed separately by the actual provider of services:

1. Physician services
2. Anesthetist services
3. Laboratory, radiology or diagnostic procedures (other than those directly related to performance of the surgical procedure)
4. Prosthetic devices (except IOLs)
5. Ambulance services
6. Leg, arm, back and neck braces
7. Artificial limbs
8. Durable medical equipment for use in the client's home

Billing Procedures
ASC facility claims are submitted on the 837-P or Colorado 1500 claim form. Claim completion instructions are described in the Billing Information and the Specialty Billing Information sections of the Medicaid Program Provider Manual. The following
Appendix D: Ambulatory Surgery Centers (ASCs) DVR Fee Schedule

instructions supplement the provider manual and are specific to ASC facility services claims. ASC information does not apply to other provider types.

ASC claims should be submitted electronically. Electronic claims submission reduces billing expense and claims processing time. Information about electronic claims submission may be obtained from the ACS Electronic Data Interchange (EDI) Support at 1-800-987-6721, Monday through Friday from 6 AM to 5 PM Mountain Time.

Procedure codes: ASCs identify services using HCPCS surgical procedure codes. During claim processing, the surgical code is linked to an appropriate ASC group for payment calculation.

Implantable prosthetics: The following implantable prosthetic HCPCS codes are approved for billing by the ASC or the surgeon on the 837 -P or CO 1500 claim form:

- L8600  Implantable breast prosthesis, silicone or equal
- L8603  Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
- L8606  Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
- L8610  Ocular implant
- L8612  Aqueous shunt
- L8613  Ossicular implant
- L8614  Cochlear device / system
- L8619  Cochlear implant external speech processor, replacement
- L8630  Metacarpophalangeal joint implant
- L8631  Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)
- L8641  Metatarsal joint implant
- L8642  Hallux implant
- L8658  Interphalangeal joint spacer, silicone or equal, each
- L8659  Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size vascular graft material, synthetic, implant
- V2785  External recharging system for battery (internal) for use with implantable neurostimulator processing, preserving and transporting corneal tissue.

The ASC is responsible for obtaining required billing information from the surgeon. ASC providers are required to verify Medicaid eligibility before services are rendered. If eligibility is not verified, payment may be denied.
**ICO-9-CM diagnosis**: The diagnosis field(s) must be completed with an appropriate ICD-9-CM diagnosis code(s).

**Place of service**: Complete the Place of Service (PaS) field with a "24" for ASC facility charges.

**NOTE**: Electronic billers should consult the software instructions to assure that pas coding is submitted properly.

**Rendering provider**: Complete with the 8-digit Medicaid provider number assigned to the operating surgeon.

**Referring provider**: If the client is enrolled in the Primary Care Physician (PCP) program and the operating surgeon is not the PCP, the PCP’s Medicaid provider number must be entered in this field. PCP- enrolled clients must obtain PCP referral if surgical services are performed by a physician other than the PCP. If the client does not have an assigned PCP, this field may be left blank.

**Sterilization procedures**: All sterilization claims must have an attached copy of a properly completed MED-178 sterilization consent form. The surgeon is responsible for providing a copy of the MED-178 to the ASC. Claims without a properly completed MED-178 are denied. Refer to the provider manual for complete billing requirements.

**Hysterectomy procedures**: Hysterectomy procedures are a benefit of Colorado Medicaid when performed solely for medical reasons. Hysterectomy is not a benefit if the procedure is performed solely for the purpose of sterilization, or if there was more than one purpose for the procedure and it would not have been performed but for the purpose of sterilization. Refer to the provider manual for complete billing requirements.

**Medicare crossover claims**: Medicaid pays the Medicare deductible and coinsurance or the Medicaid-allowed benefit minus the Medicare payment, whichever is less. If Medicare's payment equals or is more than the Medicaid allowed benefit, crossover claims are paid at zero. Most Medicare crossover claims are transmitted electronically from Medicare to Medicaid. If a Medicare claim does not cross automatically, the provider is responsible for submitting a "hardcopy crossover" claim on the CO 1500 claim format. Refer to the provider manual for completed hardcopy crossover claim preparation instructions.

Please direct questions about Colorado Medicaid billing or the information in this bulletin to Medicaid Provider Services at 1-800-237-0757 or 1-800-237-0044 (toll free).
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125
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### Appendix D: Ambulatory Surgery Centers (ASCs) DVR Fee Schedule

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January 2017
### Appendix D: Ambulatory Surgery Centers (ASCs) DVR Fee Schedule

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### ASC Group 9

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January 2017