# PART C, CHAPTER 5.2.c: MEDICAL SERVICES WITH SPECIAL REQUIREMENTS

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| **Policy Number** | **Authority** | **Scope** | **Effective Date** |
| Part C, Chapter 5.2.c | 34 CFR [§361.5(c)(39)](https://www.ecfr.gov/current/title-34/part-361#p-361.5(c)(39)), [§361.48(b)(5)](https://www.ecfr.gov/current/title-34/part-361#p-361.48(b)(5)), and TWC Rule [§856.43](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=20&ch=856&rl=43) | All TWC-VR staff | 07/01/2025 |

## PURPOSE

In accordance with the authority (Federal and State) listed above, this policy is issued by the Texas Workforce Commission Vocational Rehabilitation Division (TWC-VR). Adherence to these rules and regulations issued under the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA), supports Texans with disabilities in gaining, maintaining, and advancing in competitive integrated employment (CIE).

Specifically, the purpose of this policy and these procedures is to ensure adherence to the provision of medical services with special requirements that warrant additional consultations and approvals.

## DEFINITIONS

Best Value Purchasing: The purchasing of goods and services that meet the customer's vocational needs in the most cost-effective manner. This includes consideration of purchase price, installation costs, life cycle costs, quality and reliability of the goods and services, delivery terms, indicators of probable vendor performance, cost of training associated with the purchase, and other factors relevant to determining the best value in the context of a particular purchase.

Informed Choice: The means by which a customer chooses their rehabilitation path, from options based on their needs and circumstances and the VR program's rules, as it relates to choosing medical services with special requirements, and the providers of those services.

L Codes: Healthcare Common Procedure Coding System (HCPCS) codes that bill for orthotics and prosthetics provided to patients.

## POLICY

### General Overview

TWC-VR provides comprehensive physical restoration services to address a wide range of medical issues and physical disabilities. These services are designed to enhance employability and improve the ability to perform daily activities, ultimately facilitating the customer’s path toward successful employment. By tailoring these services to individual needs, TWC-VR ensures that each customer receives the support necessary to overcome physical barriers and achieve their employment goals.

Physical restoration services addressed in this chapter have specific requirements. Before including any of these services in a customer's individualized plan for employment (IPE) or an IPE amendment, the VR Counselor must ensure that the requirements are met. These services are provided when they are likely to improve a customer's employability or ability to perform daily activities that support employment.

Special requirements for the following services are covered in this chapter:

* Back and neck treatment;
* Cardiac treatment;
* Dental treatment;
* Diabetes medical management;
* End-stage renal disease;
* Functional capacity assessments;
* Home health care services;
* Intercurrent illness treatment;
* Medical assistive devices and supplies;
* Obesity treatment;
* Orthopedic treatment;
* Orthoses and prostheses;
* Pain treatment;
* Prescription drugs and medical supplies;
* Rehabilitative therapies;
* Women’s health; and
* Wound care.

Physical restoration services included in this chapter require clearly documented justification, demonstrating that the treatment is necessary and related to the vocational goal.

### Routine Health Care

TWC-VR does not provide treatment for routine health care (unless required by a physician for approved surgery) because the program focuses on services that directly enhance a customer’s employability and their ability to perform daily activities necessary for employment. Routine health care, such as regular dental check-ups, general medical exams, vaccinations, mammograms, colonoscopies, and pregnancy care are considered standard medical maintenance and are typically managed by primary care providers or other healthcare services. These routine treatments do not directly relate to overcoming specific barriers to employment, which is why TWC-VR prioritizes interventions that have a clear impact on a customer's vocational goals.

### Gym Memberships and Home Exercise Equipment

Due to the potential risk of injury associated with unsupervised exercise, TWC-VR does not provide gym memberships or home exercise equipment, including home-based water therapy equipment and strengthening apparatus. Because unsupervised exercise can lead to unintended injuries that may hinder the rehabilitation process, TWC-VR focuses on providing supervised and structured rehabilitation services that align with best practices for safety and efficacy.

### Additional Policy Considerations

* Comparable Services and Benefits: TWC-VR must not expend funds on medical services unless the VR counselor and the customer have made maximum efforts to secure comparable services and benefits from other sources to pay for services.
* Customer Participation in the Cost of Services: A customer's eligibility for TWC-VR services does not depend on the customer's income or liquid assets; however, if the customer's net income or liquid assets exceed the Basic Living Requirements (BLR), the customer must participate in the cost of services unless an exception is granted.
* Recipients of Social Security Disability Benefits: Recipients of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), due to the customer’s disability, are exempt from the requirement to participate in the cost of TWC-VR services regardless of income.
* Exceptions to Policy: When necessary to meet the VR needs of a customer, TWC-VR staff members may request exceptions to policies and procedures through their chain of management up to the Deputy Division Director of Field Services Delivery, or designee. However, exceptions to policies and procedures based on Federal and State laws, statutes, and rules or regulations are not allowable.

## PROCEDURES

### Back and Neck Treatment

* Injections or Neurotomy
  + Epidural Steroid Injections: Corticosteroids are injected into the epidural space to reduce inflammation and alleviate pain from herniated discs, spinal stenosis, or sciatica. Fluoroscopic guidance ensures precise placement.
  + Facet Injections: These injections target facet joints with a mix of local anesthetic and corticosteroid to reduce pain and inflammation caused by arthritis or degenerative conditions. Imaging guides the procedure.
  + Medial Branch Blocks: An anesthetic is injected near medial branch nerves to diagnose and treat facet joint pain. Successful pain relief indicates facet joints as the pain source, potentially leading to further treatment like radiofrequency neurotomy.
  + Radiofrequency Neurotomy: This procedure uses radiofrequency energy to heat and destroy nerves transmitting pain signals from facet joints, providing longer-term pain relief when other treatments fail.
  + Surgery: Back or neck surgery, including spinal fusion surgeries involving three or more levels may be considered if—
    - Medical records confirm—
      * Abnormal radiographic findings correlating with symptoms,
      * Conservative treatment options have been explored, and
      * Other potential causes of the customer's symptoms have been ruled out; and
    - The surgery is expected to significantly improve the customer's ability to work and perform daily activities essential for employment.
* Discograms: This is an X-ray procedure that helps determine if a damaged spinal disc is causing back pain and may be considered when the VR Counselor obtains written justification for the discogram from the requesting physician.
* Spinal Cord Stimulator or Dorsal Column Stimulator: A spinal cord or dorsal column stimulator should be considered for chronic intractable pain when other treatment options have failed to provide adequate pain relief. If a spinal cord or dorsal column stimulator is recommended by the customer's treating physician, the VR Counselor must obtain a psychological evaluation and have the report reviewed by the treating physician.

If a trial placement is successful in reducing the customer's pain, the VR Counselor can proceed with the permanent placement of the spinal cord or dorsal column stimulator.

Additional requirements regarding back and neck treatment can be found in the table under the Approvals & Consultations section of this policy.

### Cardiac Catheterization or Angiography

Cardiac catheterization may not be authorized as a diagnostic test before the IPE is written.

When stents are placed during a cardiac catheterization, the procedure is considered a medical service and is beyond the scope of a diagnostic procedure. All medical procedures, including cardiac catheterization, that include the placement of stents must be included as a planned service on the IPE.

Angiography should not be authorized before the IPE is written.

Additional requirements regarding cardiac catheterization can be found in the table under the Approvals & Consultations section of this policy.

### Dental Treatment

To be allowable, dental corrective surgery or therapeutic treatment must be likely, within a reasonable period, to correct or modify substantially a stable or slowly progressive physical impairment that constitutes a substantial impediment to employment.

Dental treatment may be provided as—

* A means to address an intercurrent illness (e.g., abscess or infection);
* A component of maxillofacial surgery; or
* Needed treatment, as determined by the regional dental consultant, that allows the customer to participate in planned services within a reasonable period.

To be allowable, expenses for dental treatments must be shown to be directly related to a customer's employment goals as outlined in the IPE. The VR Counselor must consider comparable benefits and ensure that least-cost, least-invasive procedures are considered first.

Additional requirements regarding dental treatment can be found in the table under the Approvals & Consultations section of this policy.

### Diabetes Medical Management

VR does not purchase insulin pumps for the medical management of diabetes.

### End-Stage Renal Disease

TWC-VR may provide services for customers with end-stage renal disease.

Additional requirements regarding end-stage renal disease can be found in the table under the Approvals & Consultations section of this policy.

### Functional Capacity Assessment

A functional capacity assessment (FCA) is a comprehensive series of physical tests to determine a customer's ability to perform such tasks as walking, lifting, and stooping.

In most cases, an FCA is not required to determine the presence of an impairment and eligibility for services. Existing medical records should be used when possible. An FCA may be necessary at the completion of a physical restoration service to determine objectively a customer's physical capability to return to a specific job or achieve a specific employment goal.

To purchase a FCA, the VR Counselor must—

* Obtains a prescription from the customer's physician or evaluating specialist; and
* Verify that the physician has provided medical care or evaluation of the customer within the past three months.

A licensed physical therapist, occupational therapist, or chiropractor must supervise the assessment directly. The assessment must include the following:

* A range of motion evaluation;
* A strength evaluation; and
* An endurance evaluation.

The licensed physical therapist, occupational therapist, or chiropractor completing the assessment must report the results of the FCA to the prescribing physician or evaluating specialist and the VR Counselor. If needed, the VR Counselor consults with the prescribing physician if the customer's safe work-capacity and work restrictions are unclear. The prescribing physician can review the FCA report and communicate a release to work for final work restrictions. An FCA evaluation report is not a release to work.

### Home Health Care Services

Providers of home health care must be licensed by the [Texas Department of State Health Services](https://www.dshs.texas.gov/).

Home health care services may be provided following TWC-VR provided surgery if the following criteria are met:

* The customer is homebound or finds that leaving home requires considerable effort to go to the postoperative office visits and/or rehabilitative therapy;
* A physician order identifies the need for home health care; and
* Home health care services are the best value to TWC-VR.

Additional requirements regarding home health care services can be found in the table under the Approvals & Consultations section of this policy.

### Intercurrent Illness Treatment

When a short-term illness or condition hinders VR services, the VR Counselor provides acute medical care as necessary and must include this service in an IPE or IPE amendment. This supplemental service is limited to such acute conditions as—

* Infections or abscesses;
* Pneumonia;
* Appendicitis;
* Ectopic (tubal) pregnancy;
* Simple fractures; or
* Minor injuries.

### Medical Assistive Devices and Supplies

Medically assistive devices and supplies (e.g., walkers, canes, raised toilet seats, grab bars) may be purchased for a customer if needed to meet the goals of the customer's VR program as outlined in the IPE.

Before purchase, the VR Counselor must assess and document the following:

* Functional need in line with VR goals;
* Expected functional improvement with device or technology;
* Duration of use;
* Issues related to use, such as compliance monitoring and maintenance; and
* Best value option has resulted in the following:
  + A less expensive option has been ruled out; and
  + Rental versus purchase has been evaluated.

Medical Devices with Unlisted MAPS: New medical devices are usually designated as "investigational" or "experimental" because of nonexistent or limited independent research showing that the device is safe and effective for its designated purpose. These items usually have unlisted MAPS codes. TWC does not authorize the use of investigational or experimental medical devices.

Additional requirements regarding Medical Assistive Devices and Supplies (with and without MAPS codes) can be found in the table under the Approvals & Consultations section of this policy.

### Obesity Treatment

* Surgery for Morbid Obesity: A customer is considered morbidly (severely) obese when their body mass index (BMI) is 40 or more. Morbid obesity is a disability if it results in an impediment to employment. Before considering bariatric surgery as a service for a morbidly obese customer, the VR Counselor must identify and document the customer's specific and substantial impediment to employment
* Procedure for Determining whether Morbid Obesity Results in a Substantial Impediment to Employment:To determine whether a customer has a substantial impediment to employment related to morbid obesity, the VR Counselor must use the following assessment procedure:
  + Obtain documentation from a physician that shows the customer's height and weight and verify that the customer has a BMI of 40 or more;
  + Purchase an FCA to evaluate the customer's functional capabilities and accurately measure the customer's work capacity;
  + If the customer is employed, purchase a job analysis to determine the functional requirements of the customer's job and review the FCA and job analysis to determine whether the customer can perform the critical tasks of the job. If the customer can perform the critical tasks of the job, with or without a reasonable accommodation, there is no substantial impediment to employment related to severe obesity; and
  + If the customer is unemployed, use the results of the FCA to determine whether the customer can meet the physical demands of the job goal as defined in O\*NET or an equivalent resource. If the customer can perform the critical job tasks of the chosen realistic job goal, there is no substantial impediment to employment related to morbid obesity.
* Nonsurgical Alternatives to Bariatric Surgery: Because TWC-VR uses tax revenue for case service expenditures, the division must purchase the least expensive alternative that meets the functional needs of the customer.

If a customer has a substantial impediment to employment related to morbid obesity, the VR Counselor must first determine whether any of the following nonsurgical options will remove the customer's substantial impediment to employment:

* + Workplace modification;
  + Reasonable accommodation;
  + Assistive device;
  + Nutritional counseling;
  + Weight loss treatment (50–60 pounds in a six-month program).

Before the VR Counselor considers corrective surgery or therapeutic treatment, they must document that the surgery or treatment is likely, within a reasonable period, to correct or modify substantially the customer's impairment that is a substantial impediment to employment.

* Procedure for Requesting Approval for Bariatric Surgery: If nonsurgical services will not remove the substantial impediment to employment, the VR Counselor must use the following procedure to request approval to purchase bariatric surgery for a customer:
  + Obtain clearance for bariatric surgery and documentation of the medical stability of the customer's other conditions from a primary care physician or internal medicine specialist;
  + Arrange for a psychological or psychiatric evaluation with a bariatric focus that includes:
    - The Minnesota Multiphasic Personality Inventory (MMPI);
    - Questions to the psychologist to determine the customer's motivation, family support, life stressors, coping ability, realistic expectations, and the presence of mental health diagnoses that may interfere with successful dietary compliance and weight loss; and
    - The need for medication management or psychological counseling to treat the underlying mental health condition (e.g., anxiety or depression) that may interfere with successful dietary compliance and healthy lifestyle changes;
  + Refer the customer to an experienced bariatric surgeon for evaluation;
  + Use a bariatric surgeon [affiliated with a bariatric center accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program](https://www.facs.org/search/bariatric-surgery-centers) if available;
  + Instruct the LMC to review the customer's case; and
  + If the bariatric surgeon and the LMC determine that the customer is an appropriate candidate for surgery, provides documentation for the customer's file that the customer successfully participated in a prebariatric surgery multidisciplinary program for at least three months.
* Prebariatric Surgery Multidisciplinary Program: The purpose of a prebariatric surgery multidisciplinary program is to evaluate the customer's motivation to make lifestyle changes and comply with necessary dietary restrictions. The multidisciplinary program must have the following four components:
  + Medical management;
  + Nutrition;
  + Behavioral modification counseling; and
  + Exercise components.

If the bariatric surgeon has a prebariatric surgery program, the VR Counselor must verify that the program has the four required components. The VR Counselor must coordinate and purchase missing components or create a multidisciplinary program that uses independent providers.

If the customer participates in a prebariatric surgery multidisciplinary program, the VR Counselor must—

* + Monitor the customer's progress in the program;
  + Set appropriate expectations with the customer for participation, responsibilities, attendance, and goal attainment;
  + Discuss with the customer the consequences for noncompliance with the program; and
  + Obtain monthly progress reports from providers or use the Prebariatric Surgery Program Progress Report.
* Postbariatric Surgery Case Management: Following bariatric surgery, the VR Counselor must—
  + Identify the medical provider that is responsible for monitoring the customer's nutritional status and weight loss after surgery;
  + Verify that the customer understands and accepts responsibility for complying with the postsurgical treatment plan; and
  + Monitor the customer's compliance with postsurgical instructions, dietary restrictions, and progress with weight loss.
* Panniculectomy:Surgery to remove excess skin following weight loss (panniculectomy) is not a part of bariatric surgery services. A specific and separate impediment to employment must be established for TWC-VR to pay for a panniculectomy.
* Weight-Loss Treatment: TWC-VR provides weight-loss treatment for a customer under the following conditions:
  + The customer has a BMI of 30 or more.
  + The customer must lose 50 to 60 pounds in a six-month period.
  + The reason for the recommended weight loss is—
    - To improve function or lessen the substantial vocational impediment caused by the primary disability;
    - To meet the surgeon's weight-loss requirement before surgery; or
    - To remove the substantial impediment to employment for a customer with severe (morbid) obesity when the loss of 50 to 60 pounds will remove the impediment.

Obesity is not considered a primary disability unless the customer has a BMI of 40 or more, which meets the definition of morbid obesity.

To purchase weight-loss treatment for a customer, the VR Counselor must—

* + Verify that the customer's BMI is 30 or greater;
  + Document in RHW the reason that a weight-loss program is necessary;
  + Obtain a referral for weight-loss treatment from the customer's primary physician;
  + Obtain a psychological evaluation assessing motivation, family support, life stressors, coping ability, and realistic expectations to achieve and maintain weight loss. The psychological battery should include an MMPI—
    - If the customer has underlying psychological diagnoses, such as anxiety and/or depression, ensure that the customer's psychological issues are being addressed through treatment before the start of the weight-loss program;
    - Weight-loss treatment must be multidisciplinary and include:
      * Medical supervision;
      * Nutritional education;
      * Psychological support and behavior modification; and
      * An exercise program.

Weight-loss treatment can be provided by an established weight-loss program or by independent providers forming a multidisciplinary team. If an established weight-loss program does not have the four required components, the VR Counselor must provide the missing component services by using independent service providers.

If the customer is participating in a fasting program, a physician must see the customer weekly, and regular laboratory studies are required.

The VR Counselor provides counseling and guidance on the following issues and must document the conversations in RHW:

* + The expectation of customer attendance and participation in weight-loss treatment;
  + The expectation that the customer will meet realistic weight-loss goals during treatment; and
  + The consequences for noncompliance and the possible termination of treatment.

The VR Counselor must—

* + Monitor the customer's progress in treatment closely by getting monthly progress reports (the service provider may submit a report or use the Form VR3510, Weight-Loss Progress Report); and
  + Provide counseling as needed to promote a positive weight-loss outcome.

Additional requirements regarding weight loss treatment can be found in the table under the Approvals & Consultations section of this policy.

### Orthopedic Treatment

* Dynamic Splinting Devices: Dynamic splinting devices may be prescribed for joint stiffness or contracture of the knee, elbow, wrist, finger, or toe. These devices are spring-loaded and adjustable to provide a low-load prolonged stretch while the customer is asleep or at rest. Dynamic splinting devices include, but are not limited to, products such as Dynasplint, EMPI Advance, LBM Pro-Glide, SaboFlex and Ultraflex. The VR Counselor should consult with the Program Specialist for Physical Disabilities for the current clinical criteria and best value considerations.
* Electrical Bone Stimulators: An electrical bone stimulator may be authorized for a customer only when—
  + The customer has—
    - A previous failed spinal fusion;
    - A multilevel spinal fusion; or
    - Nonunion of a fracture six months or more from the initial fracture date;
    - A prescription from the treating physician;
  + Best-value principles have been applied (i.e., rent or purchase).
* Fractures: TWC-VR does not provide medical care to treat a fracture for an individual who requires immediate medical or emergency services or fractures that are not healed.

TWC-VR services may be considered only for eligible customers with fractures that have healed but have healed improperly (malunion or nonunion) and when these services are necessary to help the customer to obtain or maintain competitive integrated employment.

* Bilateral Total Knee Replacement (Simultaneous): Knee replacement surgery may be considered when conservative treatment has failed to resolve an impediment to employment created by pain or loss of function in the knee.
* Osteomyelitis of the Extremities: Osteomyelitis is a bone infection that can cause an unstable medical condition with an uncertain prognosis. This condition may require complicated and extensive medical treatment.

TWC-VR considers providing medical treatment for osteomyelitis only when—

* + Amputation of an extremity is recommended as a curative treatment; or
  + The osteomyelitis condition occurs as a complication of a VR-provided surgery.

Additional requirements regarding orthopedic treatment can be found in the table under the Approvals & Consultations section of this policy.

### Orthoses and Prostheses

The VR Counselor provides an orthosis or prosthesis to enhance a customer's employability or capability to perform activities of daily living that will facilitate employment.

* Required Medical Examinations for Orthoses and Prostheses:Customers that have ongoing medical conditions that could affect the future ability to successfully use an orthotic or prosthetic device, such as diabetes or cancer (*Cancer Diabetes Disability Medical Report [VR3112]*), will need to have documentation from the appropriate medical provider indicating that the customer is compliant with treatment recommendations and that there is a good prognosis for successful orthotic or prosthetic use and return to employment.

For orthoses, a physician's examination is required before the purchase of an initial orthosis or if there is difficulty using the current orthosis.

For prostheses, an examination by a physician with a specialty in orthopedics or physical medicine and rehabilitation is required before the purchase of the first prosthesis.

If the customer has difficulty using their current prosthesis because of medical issues or problems with the residual limb, an orthopedic or physical medicine and rehabilitation specialist evaluation is required before planning the purchase of a second prosthesis. This specialty evaluation requirement for a prosthesis replacement does not apply to the following situations:

* + The fit and use of the current prosthesis is compromised by damaged prosthetic components; and
  + A poor socket fit exists because of changes in weight or the normal physiologic changes that occur to the residual limb because of ambulation and activity with an initial prosthesis.

All providers of orthoses and prostheses must—

* + Be currently licensed by the Texas Board of Orthotics and Prosthetics;
  + Perform all measurements, fittings, alignments, and final checkouts;
  + Fabricate or directly supervise the fabrication of these devices; and
  + Provide final delivery and instructions for use.

Payments for orthoses or prostheses may not exceed MAPS.

* University of Texas Southwestern (UTSW) Reviews: Requirements can be found in the table under the Approvals & Consultations section of this policy.
* Orthotic and Prosthetic Review Committee (OPRC): If the letter of specification contains a prosthetic component with an unlisted MAPS code, the VR Counselor must consult with the VR Manager and then send the letter to the State Office Orthotic and Prosthetic Review Committee (OPRC). The component must be approved for purchase by the OPRC regardless of the cost.

An OPRC review is required even when the customer's comparable benefit is expected to pay for the major portion of the cost of the prosthesis or orthosis.

A letter of specification for a prosthetic that has an unlisted MAPS code does not require a secondary technical UTSW review.

If the L-code for a device or component is not listed in MAPS when the service record is generated, the OPRC must approve the purchase of the specialized device or component regardless of cost. OPRC approval for the purchase of a specialized device or component does not require an additional technical review by UTSW.

* Purchasing Orthoses and Prostheses: The VR Counselor must purchase the most basic orthotic or prosthetic device that allows a customer to meet their vocational needs. More technologically advanced devices or components may be purchased only if required by the customer's vocational needs as stated in the IPE. An orthosis or prosthesis is a medically prescribed item. The VR Counselor is not required to obtain competitive bids. Payments for orthoses or prosthesis may not exceed MAPS.

Orthoses include the following:

* + Corsets;
  + Orthopedic shoes;
  + Braces; and
  + Splints.

Prostheses include the following:

* + Transhumeral (above elbow);
  + Transradial (below elbow);
  + Hand or fingers;
  + Hip disarticulation (full leg);
  + Transfemoral (above knee);
  + Transtibial (below knee); and
  + Foot or toes.

To purchase an orthosis or prosthesis for a customer, the VR Counselor must—

* + Obtain a physician's written prescription (a prescription is not required for the repair or replacement of a prosthetic or orthotic component);
  + If purchasing a prosthesis, complete *Upper Extremity Amputation Checklist (VR3601)* or *Lower Extremity Amputation Checklist (VR3602)*, and send the identified section of the Checklist to the prosthetist for completion;
  + Obtain a letter of specification from the orthotist/prosthetist that includes—
    - Healthcare Common Procedure Coding System (HCPCS) codes;
    - Number of units;
    - Item descriptions; and
    - Itemized charges;
  + Obtain from the prosthetist or orthotist the medical or vocational justification for the components or devices selected. For a replacement, the VR Counselor must request from the prosthetist or orthotist an identification of problems with the customer's current prosthesis or orthosis. The letter must describe the design and components of the current device fully. Additionally, the letter must—
    - Identify problems that have limited the customer's ability to use the current device; and
    - Explain the necessity and rationale of the proposed device.

The VR Counselor must develop a service record for a recommended orthosis or prosthesis using the letter of specification.

If the letter of specification contains a prosthetic component with an unlisted MAPS code, then the component must be approved for purchase by the OPRC, regardless of cost. An OPRC review is required even when the customer's comparable benefit is expected to pay for the major portion of the cost of the prosthesis or orthosis.

A letter of specification prosthetic that has an unlisted MAPS code does not require a secondary technical UTSW review.

* Procedure for University Southwestern Medical Center UTSW Technical Review: To submit a letter of specification for a prosthetic for UTSW review, the VR Counselor must—
  + Use the UTSW cover sheet and attaches required information; and
  + Document in RHW the need for the required review and the submission date of the cover sheet and required information.

Upon receipt of the UTSW technical review report, the VR Counselor must share the report with the prescribing prosthetist.

The VR Counselor must—

* + Discuss with the prosthetist the recommended changes to the letter of specification as identified by the UTSW review; and
  + Request a revised letter of specification if the prosthetist agrees with the changes.

The VR Counselor must issue a service authorization (SA) for fabrication of the orthosis or prosthesis and verify receipt before payment.

If an amended letter of specification cannot be negotiated, the prosthetist may submit additional information and the VR Counselor may request a UTSW follow-up review of the case. The additional information must be substantive and pertain specifically to the customer. It should not be generic information or the same information provided in the original documents. The VR Counselor must request the UTSW follow-up review using the procedure outlined above at an additional cost. Only one UTSW follow-up review is allowed. Questions about the UTSW report should be directed to the Medical Services team.

* Procedure for Purchasing an Orthosis or Prosthesis with an Unlisted MAPS Code:If the L-code for a device or component is not listed in MAPS when the service record is generated, the OPRC must approve the purchase of the specialized device or component regardless of cost. OPRC approval for purchase of a specialized device or component does not require an additional technical review by UTSW. The VR Counselor uses the following procedures to submit a case to the OPRC for approval.

The VR Counselor must—

* + Prepare a consultation packet using the OPRC cover sheet, follows the instructions, and attaches all required information;
  + Document in RHW the need for the required review and the submission date of the cover sheet and required information;
  + Review the OPRC decision entered in a case note in RHW (The decision includes a review and report of the state prosthetic consultant and is based on the medical and/or vocational necessity of the component.);
  + Give the prosthetist a copy of the TWC State prosthetic consultant's report for review;
  + Submit a request for another review if the VR Counselor, prosthetist, or orthotist has additional pertinent information that might affect the OPRC decision;
  + Contact Medical Services to issue an SA for the fabrication of the orthosis or prosthesis if the component is approved by OPRC; and
  + Verify the receipt of orthosis or prosthesis before payment.
* Functional Electrical Stimulation Devices: Purchase of functional electrical stimulation (FES) for walking is limited to customers with spinal cord injury who have met the clinical criteria.

The VR Counselor must select the most basic orthotic device that allows the customer to perform their tasks in the work environment. TWC-VR may consider the purchase of lower extremity FES devices only for customers—

* + Who have spinal cord injuries that meet specific clinical criteria in accordance with Centers for Medicare and Medicaid Services guidelines and who have had their cases reviewed by the State Medical Director;
  + Who can demonstrate a clear vocational need for the FES devices as compared to ambulation with an ankle foot orthosis or a knee ankle foot orthosis;
  + Who can demonstrate the ability to provide for the monthly maintenance and needed supplies; and
  + Whose case favors best value purchasing.

VR Managers may not make exceptions to any part of the FES devices policy.

* Warranties, Repair, and Maintenance of Orthoses and Prostheses: The provider agrees to replace, without cost to TWC-VR, defective parts and materials within 90 days of the customer's receiving the completed orthosis or prosthesis, excluding—
  + Evidence that the device or component has been altered by anyone other than the provider; or
  + Changes in the customer's condition that affect use of the device.
* Manufacture Warranty: When an orthosis or prosthesis requires repair, the VR Counselor must determine whether any of the repair cost and/or component replacement cost is covered by warranty before using VR funds. The provider must honor the manufacturer warranties and pay all costs associated with warranty replacement.
* Extended Warranty: The customer must pay all costs associated with extended warranties.
* Maintenance: Before the purchase of an orthosis or prosthesis, the VR Counselor must discuss with the customer their responsibility to maintain, repair, and/or replace the orthosis or prosthesis. The VR Counselor must discuss with the customer issues pertaining to specific maintenance costs of advanced technological components, such as the microprocessor knee unit.
* Repair:The VR Counselor authorizes repair of the current orthosis or prosthesis unless the repair cost is more than 60% of the replacement cost. A prosthetist must submit the manufacturer's written repair estimate for advanced technological components, such as a microprocessor knee unit.

Labor charges are calculated at prevailing hourly rates for individual providers and must not exceed $50 per hour.

* Gait Training: The VR Counselor purchases gait training for a customer with an above-knee prosthesis if the customer—
  + Has not used a prosthesis previously;
  + Will have a prosthesis that is different from the customer's previous prosthesis; or
  + Has not used a prosthesis for a prolonged period.

A prosthetist may provide training in the use of a below-knee prosthesis. If the prosthetist recommends additional training, the VR Counselor must arrange for prosthetic training from a qualified physical or occupational therapist.

A qualified physical or occupational therapist may also provide training in the use of an upper-extremity prosthesis.

Additional requirements regarding Orthoses and Prostheses can be found in the table under the Approvals & Consultations section of this policy.

### Pain Treatment

Pain treatment may be purchased on a short-term basis only to improve a customer's functional ability that is necessary to achieve a well-defined employment goal described in the customer's IPE. Since TWC-VR does not provide long-term medical treatment for chronic medical conditions, the VR Counselor must inform the customer that long-term pain treatment must be provided by comparable benefits or by the customer.

When a customer reports functional limitations related to chronic pain, the VR Counselor must—

* Consider an orthopedic, neurological, or physical medicine and rehabilitation evaluation to determine whether the pain source can be treated with conventional physical restoration services;
* Consider an FCA followed by job placement services if no physical restoration treatment options exist and the customer wants to work despite the pain;
* Screen for and coordinate treatment for comorbid psychological diagnoses; and
* Obtain information from the physician about pain medication use and potential safety risks.

The VR Counselor refers the customer to available comparable benefits to meet long-term treatment needs.

### Prescription Drugs and Medical Supplies

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

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

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

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

### Rehabilitative Therapies

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

To purchase a rehabilitative therapy, the VR Counselor must—

* Obtain a prescription from the treating physician;
* Provide the therapist with the vocational goal;
* Monitor the customer's attendance and compliance with therapy; and
* Assess the functional improvement for the customer at the completion of the prescribed period of therapy.

If an extension of treatment is requested, the VR Counselor must—

* Assess and document the customer's progress to date and potential for continued progress; and
* Document how the additional requested therapy sessions are expected to contribute to achieving the employment goal.

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

Outpatient Services: Outpatient services may include the following:

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

If the service provider requests an extension of treatment beyond the initial recommendation, the VR Counselor must assess the customer's potential for continued progress, which may involve reviewing treatment progress notes and/or contacting the physician, LMC, and/or provider. If continuing treatment is appropriate, the VR Counselor—

* Must document in the case file how continued services are expected to contribute to achieving the employment goal; and
* May approve up to 30 visits or therapy sessions.

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

* May be provided as work hardening and conditioning;
* Is provided in 15-minute units of service (multiple units make up one session); and
* Must be provided by a licensed physical therapist.

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

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

* Is provided in 15-minute units of service;
* Has a single session comprising multiple units; and
* Must be provided by a licensed occupational therapist.

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

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

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

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

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

Chiropractic Treatment: Chiropractic treatment may be purchased for a customer only under the following conditions:

* A board-certified orthopedic or physical medicine and rehabilitation physician has submitted a written recommendation for the maximum number of allowed chiropractic treatments; and
* The number of sessions does not exceed 12 sessions within 90 consecutive days, with a potential eight additional sessions if symptoms are improving, for a total of 20 sessions.

Only chiropractic manipulative treatment is purchased.

Additional requirements regarding rehabilitative therapies can be found in the table under the Approvals & Consultations section of this policy.

### Women's Health Treatment

* Breast Implant Removal: See table in Approvals & Consultations section for requirements.
* Breast Reduction Surgery: To be approved, macromastia must be determined to be a substantial impediment to employment. Before surgery can be considered, there must be documentation that less-invasive therapeutic measures were tried first, including proper brassiere support, prescription medication, and/or physical therapy. Symptoms must be shown to have persisted despite reasonable therapeutic efforts. Reduction mammoplasty for macromastia may be purchased for a customer meeting the following criteria:
  + Persistent functional impairment in two or more body areas, such as—
    - Neck pain;
    - Pain in the trapezius muscles (upper shoulder) and/or pain in the lateral cervical group of muscles (back of neck);
    - Pain from brassiere straps cutting into shoulders;
    - Upper back pain;
    - Painful kyphosis documented by X-ray; and
    - Chronic skin breakdown despite treatment;
  + Evaluation by an orthopedic or spine surgeon noting that the customer's symptoms are primarily due to macromastia.

Additional requirements regarding women's health treatment can be found in the table under the Approvals & Consultations section of this policy.

### Wound Care

When a VR Counselor considers services for wound care that is a result of a surgery directly associated with a TWC-VR-provided surgery, the VR Counselor must discuss with the treating surgeon whether intervention is needed urgently. If it is not, the VR Counselor must request that the LMC review the case on a priority basis.

Additional requirements regarding wound care can be found in the table under the Approvals & Consultations section of this policy.

## APPROVALS & CONSULTATIONS

TWC-VR staff must follow the following approvals and consultations:

### General Surgery

| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| --- | --- | --- |
| Bariatric Surgery | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Breast Implant Removal  Breast Reduction Surgery | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Bilateral Total Knee Replacement | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |

### Surgery, Orthopedic/ Neurosurgery

|  |  |  |
| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| Back or Neck Injections or Neurotomy | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Back or Neck Surgery | N/A | * Review by LMC * Consultation with State Office Program Specialist for Physical Disabilities Services * VR Manager must be copied on email with the consultation packet. |
| Spinal fusion surgeries involving three or more levels | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Discograms | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Spinal cord stimulator or dorsal column stimulator | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Electrical Bone Stimulators | N/A | * Review by LMC |

### Orthoses and Prostheses

|  |  |  |
| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| Prosthesis with unlisted MAPS codes | N/A | * State Office Orthotic and Prosthetic Review Committee (OPRC) approval * VR Manager must be copied on email with the consultation packet. |
| If VR cost for a prosthesis is equal to or greater than $12,500 and does not include unlisted MAPS codes | N/A | * University of Texas Southwestern (UTSW) review * VR Manager must be copied on email with the consultation packet. |
| Functional Electrical Stimulation (FES) Devices | N/A | * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Before determining eligibility for customers with fractures, including malunion or nonunion fractures. | N/A | * Consultation with State Medical Director to confirm the type of fracture and stability. * VR Manager must be copied on email with the consultation packet. |

### Osteomyelitis

|  |  |  |
| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| Osteomyelitis treatment that is not a curative treatment  Osteomyelitis treatment that is necessary due to a complication of a VR-provided treatment | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |

### Rehabilitation Therapy

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| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| More than 30 sessions or visits of any single outpatient rehabilitation therapy | * VR Supervisor approval | N/A |
| Exceeding 20 chiropractic treatment sessions | N/A | * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Home health care that exceeds 30 sessions | * VR Supervisor approval | N/A |

### Other Programs with Special Requirements

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| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| ESBI residential services beyond four months  ESBI nonresidential beyond 12 weeks | * VR Supervisor approval in 30-day increments | N/A |
| Weight-loss programs | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Cardiac catheterization and or angiography | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |
| Wound care that involves an uncertain prognosis, such as abscess or infection. | N/A | * Review by LMC * Consultation with State Medical Director * VR Manager must be copied on email with the consultation packet. |

### Dental Surgery and Treatment

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| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| Intercurrent illness (e.g. abscess or infection); a component of maxillofacial surgery; or needed treatment, as determined by the regional dental consultant | * VR Manager approval | * Regional Dental Consultant review |
| Actions contrary to the Regional Dental Consultant’s advice | * Deputy Division Director of Field Services Delivery approval | N/A |

### Prescriptions

|  |  |  |
| --- | --- | --- |
| **Situation, Good, or Service** | **Approvals** | **Consultation** |
| Prescription medication to treat a specific condition for longer than three months | * VR Supervisor Approval | N/A |

## REVIEW

The Policy Planning and Statewide Initiatives Team, or designee, is responsible for reviewing this policy and these procedures and will update the Document History log if necessary.

|  |  |  |
| --- | --- | --- |
| **Date** | **Type** | **Change Description** |
| 09/03/2024 | New | VRSM Policy and Procedure Rewrite |
| 07/01/2025 | Revised | Updated the definition of Best Value Purchasing |