

12.8 OBTAINING MEDICAL REPORTS

This Section outlines procedural instructions for obtaining medical reports.

A. INITIAL MEDICAL REPORTS

1. General Information About Providers

The instructions which follow apply to all requests for which the provider of the service bills the Department.

a. Providers Certified by the Department

Requests for medical procedures and information must be made only to medical providers who have been certified for participation in the Department's Medicaid Program.

b. Out-of-State Providers Certified by the Department

Only providers certified by the Bureau of Medical Services (BMS) are to be used to obtain initial medical reports. When necessary, the Worker must contact BMS to verify certification.

c. General Information for Completion of Medical Request Forms

The following forms are for requesting information when the provider will be billing the Department. Each contains instructions to the provider to attach the form to his billing.

- DFA-RT-5: General Medical Examination Report, Adults
- DFA-RT-5a: General Medical Examination Report, Children
- DFA-RT-6: Medical Information/Diagnostic Request Letter

Used to request a general physical examination, eye examination or an outpatient psychological exam. It must be used with DFA-RT-5 and DFA-RT-5a when a general physical examination **is needed**.

NOTE: Even when the examining physician suggests an exam or report, the case must be submitted to MRT for authorization by an additional medical request. Diagnostic testing must also be requested by MRT prior to authorization.

Determining Disability, Incapacity and Blindness

- DFA-RT-7: Specialist Consultation

Used to obtain a consultation by a specialist at the request of the examining physician and/or MRT.

NOTE: When MRT requests an evaluation or consultation by any specialist including, but not limited to, a psychiatrist, cardiologist, orthopedist, etc., the DFA-RT-7 must be attached to the physician's billing form in order for payment to occur.

- DFA-RT-8: Request from Physician's Record

Used to request a copy of medical information from a physician's records. This must be attached to an DFA-RT-8a **in order for payment to occur.**

- DFA-RT-8a: Physician's Summary

Used to obtain the physician's recommendation to MRT. **When this form is used it must have the DFA-RT-8 attached.**

- DFA-RT-9: Report from Hospital Records

Used to request a copy of medical information from hospital records. Requests for special test results must be stated on the form.

- DFA-RT-10: Inpatient Diagnostic Services

Used to request hospitalization for specific procedures. Prior approval from MRT is required.

- DFA-RT-11: Physician's Hospital Services

Used to request hospitalization for specific procedures. Prior approval from MRT is required.

- DFA-RT-15: Request from Psychiatrist's Record

Used to obtain medical information from a psychiatrist/psychologist. This must be **included with the DFA-RT-15a and attached to the physician's billing form in order for payment to occur.**

Determining Disability, Incapacity and Blindness

- DFA-RT-15a: Psychiatrist's Summary

Used to obtain the Psychiatrist's/Psychologist's recommendation to MRT. **When this form is used it must have the DFA-RT-15 attached.**

- d. General Instructions for Completion

Forms are to be completed as follows:

Determining Disability, Incapacity and Blindness

- Each form is prepared in duplicate. One copy is filed in the case record.
- The date, name and address of the medical provider to whom the authorization is issued must be entered.
- The Worker must also include the address of the county office.
- Refer to item e. below for the number to enter as the case number.

e. Numbers Used on Medical Request Forms

The forms used for requesting medical examinations and reports are self-explanatory. For auditing and federal reimbursement reasons, the MA ID number or the Pending Medicaid Number must be used for any medical information requested. The following explains the numbers and when each is used.

(1) Pending Medicaid Number

The number is 80 followed by 7 zeros and the county number. For example, the Pending Medicaid Number for Kanawha County is 80-0000000.20. This number is used for an individual who is not a Medicaid recipient at the time the information is requested. This includes individuals who previously received Medicaid, but are not current recipients.

(2) MA ID Number

This is the number assigned by RAPIDS for Medicaid billing. This number is used when medical information is requested for a current Medicaid recipient only.

The local office must keep a log of all requests issued.

The log must contain the following information:

- MA ID number or Pending Medicaid Number and the county number
- Case name
- Patient's name

Determining Disability, Incapacity and Blindness

- Date of the request
- Name of the provider to whom the request was sent

2. Obtaining Initial Medical Reports

The following forms and instructions are used by the Worker to obtain initial medical reports.

NOTE: Medical reports must be requested within 7 days after the date of application. In addition, follow-ups must be done every 30 days, when the medical reports are not received.

a. DFA-7: Authorization for Information

When the instructions in the following sections specify that form DFA-7 is included with a request for medical information, the date entered on the form must be no earlier than one month prior to the date it is mailed. The name of the provider must be placed on the form prior to the client's signature.

b. Physician's or Psychiatrist's Summaries

Form DFA-RT-8 and DFA-RT-8a are sent to request information from physicians and forms DFA-RT-15 and DFA-RT-15a to request information from psychiatrists/psychologists. If the physician or mental health professional fails to complete the form, a second one must be sent. The date the second one is sent must be noted on the DFA-RT-2.

The Worker must indicate which sections of the form are completed by the physician.

c. Initial Medical Report - Blindness

When an application is made for Medicaid due to incapacity or disability based on blindness, the Worker:

- Determines the ophthalmologist or optometrist of the client's choice who is an approved Medicaid provider.
- Makes an appointment with the ophthalmologist or optometrist and notifies the client in writing of the date and time.

Determining Disability, Incapacity and Blindness

- Completes form DFA-RT-6 in duplicate with "Eye Examination and Report on the Enclosed Form" checked. The original is sent to the optometrist or ophthalmologist, and a copy is filed in the case record.
- If the appointment is with an optometrist (OD), form DFA-B-14 is enclosed with the DFA-RT-6. Form DFA-B-14 is a report form for the optometrist.
- If the appointment is with an ophthalmologist (MD), form DFA-B-13 is enclosed with the DFA-RT-6. The DFA-B-13 is a report form for the ophthalmologist.

d. Initial Medical Report, Incapacity and Disability

Sources of initial medical reports are listed in order of priority. The exception is that, under some circumstances, when incapacity or disability is being established, medical reports are first requested from SSA. See Section 12.5,B. If SSA reports are not available, the Worker then obtains the reports as found below.

(1) Medical Information Available in the Case Record

(a) Medical reports from Children With Special Health Care Needs Program and the PAS-2005, Patient Medical Evaluation

In the following situations, the only initial medical reports needed are those available in the case record:

- The applicant is currently receiving services from the Children With Special Health Care Needs Program. In this case, copies of these medical reports are submitted to MRT.
- The applicant is residing in, or planning to enter, a nursing home.

In both of the above situations, no other medical information is needed unless requested by MRT.

(b) Other Medical Information

The case record is examined to determine if there are any past medical and/or psychological reports. If so,

Determining Disability, Incapacity and Blindness

all information which relates to the applicant's current impairment is submitted to MRT along with current medical report(s).

(2) Medical/Psychological Reports from the Division of Rehabilitative Services (DRS)

When the applicant is referred to the Department by DRS, or reports that he is receiving DRS services, copies of the DRS medical reports must be obtained.

Under terms of the agreement between DRS and the Department, DRS is expected to provide all available medical information when DRS refers the client to the Department.

Copies of medical reports are to be attached to the HS-3 used for the referral.

If medical reports are not attached to the HS-3, or if the client is not referred by DRS, but reports that he is receiving services from them, the Worker must ask DRS to forward available medical reports. The medical reports from DRS will usually eliminate the need for any other initial medical information and may include copies of specialist's consultations, psychological evaluations, etc.

(3) Reports from Hospitals and Physicians

If the applicant has recently received medical treatment, or is currently receiving medical care, it may be possible to obtain copies of medical reports from the hospital or physician.

All requests are sent with form DFA-7, Authorization for Information, signed by the applicant. If the application is made for a child, the person who made the application signs the child's name and his own and indicates his relationship to the child.

(a) Mental and Tubercular Hospitals

If the client has recently been discharged from a mental or tubercular hospital, the Worker must request a report about the individual's condition at the time of release. The request is made as follows:

Determining Disability, Incapacity and Blindness

- If the client was in a West Virginia mental hospital, the Worker sends a memorandum to the Human Services Mental Health Coordinator in the county in which the hospital is located.
- If the client was in a tubercular hospital, or in a mental hospital in another state, the Worker sends a letter to the superintendent of the institution requesting the information.

(b) Welch Emergency Hospital

If the applicant has recently been a patient at Welch Emergency Hospital, the Worker requests a copy of the medical report by letter addressed to the Administrator of the Hospital.

NOTE: This is a State institution, and therefore no reimbursement is made for providing information from the patient's medical records.

(c) Veteran's Administration Hospitals and Clinics

If the client has been in a VA hospital and/or is currently receiving, or has recently received medical services from a VA clinic, the Worker sends the request for a copy of medical reports to the appropriate facility.

The letter is addressed as follows:

- For VA Hospitals and outpatient clinics located in a VA Hospital, write to Chief, Medical Information Services.
- For VA clinics located outside of a VA Hospital, write to Chief, Medical Administration Services.

(d) Private Hospitals, In-State and Border Facilities

Form DFA-RT-9 is used to request reports from private hospitals. Special instructions for completion of the forms are as follows:

Determining Disability, Incapacity and Blindness

- The person to whom the form is addressed is determined by the county office.
- There are spaces on the form to enter the applicant's hospital ID number, the dates the applicant was in the hospital, and the name of his physician. Entries are made as follows:
 - The hospital ID number is the number assigned by most hospitals when the patient is admitted for the first time.
 - If the applicant cannot provide all the required information, the Worker completes as much of the information as possible.
 - None of the spaces are left blank. If the information is not known, "unknown" is entered in the indicated space.

(e) Private Hospitals, Out-of-State Facilities

The procedures are as follows:

- The Worker contacts BMS to determine if the facility is certified.
- If so, a DFA-RT-9 is prepared.
- On the DFA-RT-9, the Worker marks out "The appropriate Department of Health and Human Resources billing form" under the heading "Billing Procedure" and inserts "via your private billing form."
- On line 3, strike out "Division of Medical Processing" and insert Bureau for Medical Services, Attn: Out-of-State Specialist."

Determining Disability, Incapacity and Blindness

(4) Physicians and Psychiatrists

Form Letter DFA-RT-8 is used to request copies of medical records from a physician, and the DFA-RT-15 to request medical records from a psychiatrist/psychologist.

e. DFA-RT-5 and DFA-RT-5a

General physical examinations are arranged only when it is not possible to obtain the required medical information from any other source.

The general physical examination is made by a physician who is a general practitioner (family practice). The term "physician" refers to a medical practitioner who is either a medical doctor (MD) or a doctor of osteopathy (DO). The physician must have been approved for participation in the Department's Medicaid Program.

Form DFA-RT-5 is the report form for adults; form DFA-RT-5a is used for children.

The procedures for arranging for the general physical examination are as follows:

- At intake, or when the Worker becomes aware that a general physical examination is needed, he:
 - Completes the appropriate sections of the DFA-RT-5 or DFA-RT-5a; and
 - Determines the client's physician of choice; and
 - Determines if the individual wishes to make his own appointment or if his physician does not schedule appointments.
 - If the client prefers, the Worker makes an appointment, forwards the DFA-RT-5 or DFA-RT-5a with a completed DFA-RT-6 to the physician and notifies the client of the appointment time.

Determining Disability, Incapacity and Blindness

- If the client prefers to make his own appointments, or the physician does not schedule appointments, the DFA-RT-5 or DFA-RT-5a and a completed DFA-RT-6 are given or mailed to the client. The DFA-RT-6 must be completed in duplicate with "General physical examination and report on enclosed form" checked.
- f. Known Source of Medical Information Does Not Respond to Request

If a request for medical information has been issued and the physician and/or medical facility failed to respond in the allotted time frame, the Worker is to secure a General Physical. Under no circumstances is the Worker to deny a case due to failure of the Physician and/or medical facility to provide the requested information.

B. EXCHANGE OF MEDICAL INFORMATION WITH SSA

DHHR and SSA have an agreement to exchange information. The procedures are outlined below.

1. Providing Medical Information To SSA

Copies of medical information are provided to SSA upon receipt of a written request. The client's signature is not required to be on the form.

If the individual is referred to SSA for SSI and/or RSDI based on disability, copies of medical/psychological information must be attached to the HS-3, provided that the HS-3 is mailed to the SSA Office. If the HS-3 is given to the client to take to the SSA Office, the medical reports will not be sent, unless a written request from SSA is received.

2. Requesting Medical Reports From SSA

Upon receipt of a properly completed request, SSA provides the Worker with copies of medical reports used to evaluate an individual's disability for purposes of SSI and/or RSDI, when such reports are available to SSA District Office. The availability of the medical reports depends on the location of the individual's SSA claims file at the time the request from the Department is received.

C. ADDITIONAL MEDICAL REPORTS

Additional medical reports may be requested by: MRT, the client, or the Hearings Officer. See Section 12.9,B, and Common Chapters Manual Chapter 700.

The Worker is responsible for obtaining the requested medical reports. The procedures for obtaining additional medical reports are the same as for obtaining initial reports.

NOTE: Additional medical reports must be requested within 7 days after the receipt of the MRT request.

When the additional medical reports are received, the Worker evaluates for presumptive approval. See Section 12.9 below.

NOTE: The additional medical reports must be re-submitted to MRT within 7 days after receipt.

D. FAILURE TO KEEP MEDICAL APPOINTMENTS

Penalties for failure to keep medical appointments vary, depending on the point at which the non-compliance occurs. If the client has good cause for not keeping the appointment, another one is made.

Only cases involving the client's deliberate failure to provide necessary information are subject to adverse action. The client must be informed of the possible consequence at the time of appointment notification. The Worker must determine whether or not the client has good cause for failing to keep a medical appointment.

1. Initial Medical Examination

- If the DFA-RT-5, 5a, DFA-B-13 or DFA-B-14 is the only available medical information, and the applicant fails, without good cause, to keep the appointment, another appointment is not made. The application is denied using the appropriate reason code.
- If the applicant who is making his own appointment fails to do so, without good cause within two working days from the date he receives the DFA-RT-6, the application is denied.
- If the physician does not schedule appointments, the application is denied if the client fails, without good cause, to go to the physician's office within one week from the date he received the DFA-RT-6.

2. Appointments For Medical Examinations Requested By MRT

If MRT requests an additional medical examination, and the client fails to keep the appointment, without good cause, the application is denied or the case is closed if it was a presumptive approval.

If the client has good cause, the Worker schedules another appointment.

When the Worker denies the application or stops the benefit, he must notify MRT of the action. The Worker must record the action taken in the case record.

NOTE: Failure of one person to keep medical appointments does not affect the eligibility of any other AG member.

EXAMPLE: An SSI-Related Medicaid application for two people.

In addition, if the individual qualifies for Medicaid under a different coverage group which does not require a disability determination, his eligibility for that coverage group is not affected by his failure to keep a medical appointment.