

## 1330.5 General

In carrying out their responsibilities to fully develop disability claims, all field offices are authorized to secure medical examinations and services including non-consultative exams for which the RRB will pay according to a predetermined fee. The predetermined fee schedule was developed in a contract between the RRB and its medical examination provider QTC (QTC Medical Services, Inc.).

Field offices should not develop any medical evidence that will result in a cost to the RRB prior to the time a disability application has been officially filed.

The following sections describe the services and records for which RRB will pay, and how to request such services and records.

### 1330.15 Copies Or Transcripts Of Medical Records

Some medical records are expected from the applicant, some are provided by employers and other agencies free of charge, and some are provided on a fee basis.

#### 1330.15.1 Personal Physician Records

The RRB does not pay for copies or transcripts of personal physician records. Since it is the applicant's responsibility to provide these records, any financial responsibility for charges for records is that of the applicant.

#### 1330.15.2 Records from Hospitals or Other Institutions

The field releases Form RL-11b to medical record providers when requesting copies of medical records. The letter informs the provider to contact the field office before billing. When the medical record provider contacts the field office in regards to billing, the field staff needs to remind the provider that the RRB is a U.S. Federal government agency and that charges should be waived. The field should determine if the record provider bills other government agencies and, if not, inquire as to why payment is expected from the RRB. If the provider insists on charging for their records, approve any requests of \$75.00 or less. Since the service was provided for official U.S. Government purposes, the RRB should not be subject to state and local sales tax. Advise the provider that sales tax should not appear on the bill. Ask if the provider will agree to accept credit card payment.

If the amount charged is greater than \$75.00 and you are unable to convince the provider to reduce the amount, determine the reason for the excess costs. If the cost is high due to the volume of the records and the records include daily charts and physical therapy notes (these usually do not provide the most relevant information), determine if the removal of these records will reduce the cost to \$75.00. If so, remove the notes. If the cost cannot be reduced you may approve an amount up to \$125.00. Contact the Field Service District Manager for approval of amounts exceeding \$75.00. District

Managers can authorize amounts between \$125.00 up to \$200.00. For amounts exceeding \$200.00, get approval from the Network Manager. Field Service Network Managers can authorize amounts between \$200.00 and \$250.00. When the amount exceeds \$250.00, contact the RRA Application and Calculation (RAC) section in Policy and Systems. P&S-RAC will contact the Assistant Director of Administration to request approval of an amount exceeding \$250.00.

### **1330.15.3 Employer Records**

Employers under the RRA provide medical information and records to the RRB without charge.

### **1330.15.4 Records from Other Agencies**

Federal agencies provide copies of medical records in their possession free of charge to the RRB. State and local agencies generally do so also; however, if they indicate that they must charge for photocopying the records, contact the agency using the guidance provided in [FOM I 1330.15.2](#).

## **1330.20 Specialized Examinations, Laboratory Tests And X-Rays**

The field office will utilize the Federal Management Integrated System (FMIS) to secure medical examinations. FMIS is a computer program used by all Federal agencies as a multi-purpose accounting system for the purchase and payment of goods and services. Extensive modifications have been made to data input screens and certain FMIS processes for convenient on-line entries to secure needed medical examinations.

Teleconference training and hard copy procedures providing instructions for ordering medical examinations through QTC Medical Services, Inc. on FMIS have been furnished to all field offices. To view printed instruction on using FMIS, click the following links.

RRB FMIS Consulting Opinion Order Entry QRG

RRB FMIS Consulting Opinion Receipt-Payment Entry QRG

RRB FMIS Medical Exam Order Entry QRG(02)

RRB FMIS Medical Exam Order Entry QRG

RRB FMIS Medical Exam Receipt-Payment Entry QRG

### **1330.20.1 Authority to Schedule Specialized Services**

Authority to pay for contractual medical services rests with the Disability Benefits Division (DBD). All field offices are authorized to request specialized examinations,

laboratory tests and X-rays listed in [FOM I, Article 13, Appendix C](#) without prior approval from DBD (unless there is a notation advising the examination is not to be scheduled unless requested or approved by DBD). See [FOM I 1330.20.3](#) for additional information regarding which examination, test, or x-ray to schedule.

The field office will schedule services with QTC Medical Services, Inc. through the use of FMIS.

Completing entries on the FMIS "Exam Order" screen is self-explanatory.

**NOTE 1:** When an application from a resident of Canada or Mexico is filed, field office personnel should routinely ask the applicant whether (s)he lives within approximately 100 miles of the United States and, if so, if (s)he owns a valid passport and is able to travel to the United States. If a specialized examination and/or testing is needed, indicate in the REMARKS section on the FMIS "Exam Order" screen if the applicant is able to attend the appointment only in their country of residence, only in the United States, or in either their country of residence or the United States.

**NOTE 2:** If there is no medical evidence in file, indicate that fact in the REMARKS section on the FMIS "Exam Order" screen.

### **1330.20.2 When NOT to Schedule Specialized Services**

Do not schedule specialized examinations if one or more of the following conditions apply:

- A. The applicant is currently confined to a hospital or institution. Do not schedule an examination even if you are requested to do so by DBD; when such a request is received from DBD, secure a hospital report and advise DBD immediately.
- B. The applicant is confined to his home because of his disability. Prepare a non-medical factor report in accordance with [FOM I 1315](#) and develop existing source evidence.
- C. The applicant's disability is based solely on an obvious condition such as loss of an eye or a limb. Fully describe the applicant's disability in the non-medical factor report in accordance with [FOM I 1315](#) and develop existing source evidence. If there are other disabling conditions, schedule specialized examinations if employer or applicant source medical evidence is not sufficient for rating purposes. (Examiners from DBD are available to assist the field office in determining if medical evidence may be sufficient for rating purposes.)
- D. The employer or railroad hospital association is expected to submit medical evidence and that employer source's medical evidence is usually adequate for rating purposes.
- E. The applicant was hospitalized within the last 3 months for the treatment or diagnosis of his disability. Secure a hospital report.

- F. DBD requested development of a disability application and advised that no medical evidence is required because the applicant was rated disabled by the Social Security Administration.
- G. The examination is considered invasive or is rarely used in disability determinations. Do not schedule the following examinations unless advised so by DBD staff: Examinations 014, 020, 023, 123, 024, 026, 028, 030, 032, 033, 036, 040, 042, 043, 047, and 200.
- H. If the claimant's treating physician has indicated that the performance of the requested examination is contraindicated. The doctor's statement giving his/her reason for not obtaining the examination should be obtained.
- I. Impairments in which consultative examinations do not adequately document the severity of the impairment, such as cancer or AIDS. Hospital records, clinic notes, etc., should be obtained.

### **1330.20.3 Determining Which Examination, Laboratory Test, or X-ray to Schedule**

With existing medical evidence and non-medical factors as a basis, refer to [FOM I, Article 13, Appendix B](#) to determine which specialized examinations, laboratory tests and x-rays are required to complete development of the disability claim. That appendix lists the exams, tests and x-rays by impairment or disorder within each of the body systems that are needed by disability claims examiners to make disability determinations. Examiners from DBD are available to assist the field office in determining if and what kind of additional medical evidence should be developed. If there is any uncertainty, check with DBD before arranging for specialized examinations or determining which services should be obtained.

### **1330.20.4 Sending Background Medical Evidence to QTC Medical Services, Inc**

Whenever a neurological exam (012) or psychiatric exam (013) is requested by the field office, a copy (two copies if both exams are ordered) of any available medical evidence must be sent by overnight delivery to:

QTC Medical Services, Inc.  
 Department RRB  
 1440 Bridgegate Drive  
 Diamond Bar, CA 91765

**NOTE:** The field office must ensure that the order for these exams be placed on FMIS the same day that the background medical evidence is mailed overnight. In addition, indicate in the REMARKS section on the FMIS "Exam Order" screen that background medical evidence is being forwarded.

### 1330.20.5 Fees for Specialized Services

A pre-determined schedule of fees has been agreed upon between RRB and its medical examination provider. QTC Medical Services, Inc. DBD will be responsible for payment once the examination(s) has been received and approved by DBD or Bureau of Hearings & Appeals (BHA).

### 1330.20.6 Notification of Cancellation

The disability applicant has been instructed to call QTC Medical Services, Inc. in the event of a scheduling problem. QTC will then contact the disability determination unit to restart the scheduling cycle if necessary. QTC may not, under the terms of the contract, automatically reschedule without RRB permission. The disability examiner may check with the field office to determine why the applicant could not make the appointment. (For example, the applicant may be hospitalized and rescheduling will have to be deferred, or the applicant was just unavailable on the selected day so rescheduling can be immediate.)

If the field office is notified by the applicant that an exam must be canceled, the field office should immediately notify the disability determination unit advising that an examination has been ordered but the applicant will not keep the appointment.

### 1330.25 Bill for Copies or Transcripts of Hospital or Institution Records

When a bill for medical records is received from a hospital or institution in the field office, a call will be made to the provider in the hopes of talking them out of charging us or to accept the flat fee. If the hospital or institution insists on payment for the copies or transcripts of records the field manager must approve the billing amount. Payment can be made in one of two ways: Credit Card or by submitting Form G-370 to BFO

1. Credit Card: This is the preferred method of payment for all billings. Use the manager's government purchases credit card and take the following steps:
  - Forward the bill to the Field Service Manager, annotating that it was paid by credit card.
  - The Field Manager will hold the bill until the monthly statement is received.

NOTE: An asterisk is to be placed on the credit card bill next to each charge for medical records and notated on the bill “\*-Medical Record Fees.”

- Sign the statement.
- Submit statement with the credit card bills and receipts to RMC (Resource Management Center in Programs Evaluation and Management Services [PEMS]).

2. Form G-370: In cases where the hospital or institution will not accept a credit card payment, submit the bill under cover of Form G-370, Field Office Authorization for Payment of Hospital Medical Report. All bills should be sent directly to the Bureau of Fiscal Operations (BFO) in a white envelope marked "BFO-Accounts Payable Section."

For both payment methods,

- Check bills against imaging to ensure that the bill is not a duplicate, and
- If sales tax is included on the bill, request the provider to remove it based on government tax exempt status, and:
  - If the provider agrees, pay the bill minus the sales tax amount; or
  - If the provider disagrees, pay the bill including the sales tax.
- Be sure the applicant's name is shown on the bill, and
- Image the document.

Special Situations: If a bill is received for medical records and the bill was not previously approved by the field, take the following action:

- For bills of \$75.00 or less, pay the bill as described in the above paragraphs.
- If the amount of the bill is greater than \$75.00:
  - Pay the amount up to \$125.00 and release Form Letter RL-11f (found in the general files section of the field service Bulletin Board System under the file name RL-11f.WPT) to the provider. This letter explains to the provider that we will only pay a maximum amount of \$125.00 when prior approval is not obtained.

If the medical record provider does not agree with what we are paying them, get approval from the Field Service District Manager to pay amounts between \$125.00 up to \$200.00. For amounts exceeding \$200.00 up to \$250.00, get the approval of the Field Service Network Manager. Contact the RRA Application and Calculation (RAC) Section in Policy and Systems, for any bills exceeding \$250.00. (P&S-RAC will request approval from the Assistant Director of Administration for amounts over \$250.00). Send a copy of the Form Letter RL-11f.

### **1330.25.1 Tracer Actions**

If a provider reports that he has not received payment for services, check the copy of the Form G-370 on imaging to see when the original was submitted to BFO. When less than 45 calendar days have elapsed since the submission date, explain to the provider that vouchers are batch processed and sent to the U.S. Treasury Department for check

preparation and release; ask the provider to please allow a little more time and to call back if not received within the 45 day time frame.

If more than 45 days have elapsed since submission of the Form G-370 to BFO, take the following action:

- A. Call the Supervisor of the Accounts Payable section in BFO, on extension 4713. Give details of the service and request status of the payment.
- B. If a satisfactory response is not received within 5 working days, call the Financial Management Analyst of the Bureau of Fiscal Operations, on extension 4317.

Do not call or write DBD to trace for outstanding payments. If BFO advises that they have no record of having received a Form G-370 for that service, submit a copy of the Form G-370 and the bill to BFO.

### **1330.25.2 Return or Refund of Payment**

If for any reason the provider returns the Treasury check, or refunds part or all of the payment, send the payment in a white envelope to "BFO - Attention: Accounts Payable Section." Send a short memorandum explaining why the return or refund is being made. If a Treasury check is being returned, be sure to stamp the check non-negotiable.

### **1330.25.3 Reporting Payments to IRS and Providers**

In January of each year, the RRB is required to report to the Internal Revenue Service (IRS) payments made to all providers who were paid more than \$599.00 during the previous year. Also, Form 1099-MISC is issued to providers to show the total amount of payments made for the year. The provider would use Form 1099-MISC in the way a Form W-2 is used to document his income tax return. Requests for replacement Forms 1099-MISC should be forwarded to BFO.

