

1330.5 General

In carrying out their responsibilities to fully develop disability claims, field offices will secure all available medical evidence. **Note:** All independent medical examinations, specialized medical examinations, laboratory tests and X-rays for initial Disability applications will be ordered by the Disability Benefits Division (DBD) staff.

Field offices should not develop any medical evidence that will result in a cost to the Railroad Retirement Board (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 regard 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. 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.

Field Service District Managers can issue payments for medical records for \$0.01 to \$350.00 provided the District Manager determines the charge to be fair and reasonable. Network Managers can issue all payments for medical records greater than or equal to

\$350.01 provided the Network Manager determines the charge to be fair and reasonable. If a Field Service District Manager is unavailable or has not been issued an Agency-issued Government Purchase Card, then the Network Manager can be contacted for a determination on the fairness and reasonableness of the charge and authorization of the payment. Field Service District Managers and Network Managers may refer to [Administrative Circular OA-21](#) for additional guidance on authorizing payments.

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

If medical evidence obtained from the applicant's personal physician, employer, hospitals/other institutions or federal agencies does not appear sufficient for disability rating purposes, the Disability Benefits Division staff will schedule a specialized examination through the contracted provider.

1330.20.1 Authority to Schedule Specialized Services

Authority to pay for contractual medical services rests with the Disability Benefits Division (DBD). Field offices are not authorized to request specialized examinations, laboratory tests and X-rays.

1330.20.2 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. The Disability Benefits Division (DBD) will be responsible for payment once the examination(s) has been received and approved by DBD or Bureau of Hearings & Appeals (BHA).

1330.20.3 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 reduce their fee to less than or equal to \$75.00. When a hospital or institution insists on payment for the copies or transcripts of records then a manager must determine whether payment should be issued. Field Service District Managers can issue payments for medical records for \$0.01 to \$350.00 provided the District Manager determines the charge to be fair and reasonable. Network Managers can issue all payments for medical records greater than or equal to \$350.01 provided the Network Manager determines the charge to be fair and reasonable. If the Field Service District Manager is unavailable or has not been issued an Agency-issued Government Purchase Card, then the Network Manager can be contacted for a determination on the fairness and reasonableness of the charge and authorization of the payment. 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 to issue payment and take the following steps:

- All bills must be held by the Field Service District Manager or Network Manager, with an annotation that it was paid by credit card.
- The Field Service District Manager or Network 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.”

- The Field Service District Manager or Network Manager will sign the statement.
 - The Field Service District Manager or Network Manager will submit the statement with the credit card bills and receipts to MS (Management Services 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 Situation: If the Field Office District Manager or the Network Manager is not approving payment for the full amount that was billed for the medical records, then they must release letter RL-11F explaining what amount was approved for payment.

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.

