

## **Medical Reimbursement Procedure 02-10**

**Revised:** September 18, 2004

**Refer Questions to:** Business Enterprise Officer II

**Supersedes:** 98-02 dated 4-7-02; 98-02 dated 8-14-04

**Authority:** NAC 426.110, 426.387

**PROCEDURE:** BEN staff will follow these procedures when processing requests for medical reimbursements.

**Method of Payment:** Medical Reimbursements shall be paid on a reimbursement basis for all medical, psychological, dental, vision and associated expenses which are not paid through a policy of health insurance as defined under covered services or by any other available source of payment. Requests for reimbursement shall be submitted utilizing the form approved by the bureau and the Nevada Committee of Blind Vendors. Requests for reimbursement may be batched and one form completed per person for a variety of services. Licensed blind operators shall be supplied with reimbursement forms at the beginning of each annual period and may request additional forms at any time.

An original receipt indicating that the licensed blind operator has made full or partial payment for the service must accompany each request for reimbursement. In the case of partial payments, the licensed blind operator shall be reimbursed only for the amount paid and is required to submit proof of payment of any remaining balance(s) prior to being reimbursed the full amount. Proof of payment can be in the form of credit card statements, copies of the front and back of canceled checks, copies of money orders and/or cashier's check, cash receipts, etc. (It is acceptable to line through account numbers) For individuals covered by a health insurance policy, a copy of the Explanation of Benefits (EOB) must accompany the reimbursement request. Payments will be made directly to the medical provider(s) for any portion of the claim not paid by the licensed operator. Requests for payment will be processed through the State Controller's Office in the same manner as other claims are processed.

**Covered Services:** BEN staff shall ensure that reimbursement occurs for covered services, as follows:

- A. **Health Insurance** - The costs of any programs or plans of health insurance, including coverage for catastrophic illness, shall be reimbursed.
- B. **Dental Care** - The costs of essential, non-cosmetic dental care including preventative dental care such as routine examinations and prophylaxis shall be reimbursed. For the purposes of this program of Medical Reimbursement, orthodontia (braces) is not considered essential dental care unless prescribed by a medical doctor other than a doctor of dentistry to alleviate some other medical problem or condition. The cost of dental appliances such as bridges and dentures are a reimbursable expense.

- C. **Vision Care** - The costs of all services of a licensed optometrist or ophthalmologist shall be reimbursed. Eligible services include routine to complex ocular examinations, medically prescribed treatments and surgical intervention and the purchase of eyeglasses including tinted lenses.
- D. **Psychological/Counseling Services** - The costs of psychiatric, psychological and other evaluation and counseling services, including marriage and family and substance abuse counseling shall be reimbursed.
- E. **Prescriptions** - Medication prescribed by a licensed physician or other licensed practitioner, shall be reimbursed. Non prescription medications and herbal remedies are excluded, as are minor health aids such as bandages, creams, salves, etc..
- F. **General and Specialized Medical Treatment (such as Chiropractors, Osteopaths, etc.)** - All necessary, prescribed medical evaluations, treatments and surgeries shall be reimbursed. Evaluative procedures such as radiology, sonography and other similar procedures are included.
- G. **Medical Equipment** - Medical equipment such as wheelchairs, orthotics and prosthetics, glucose monitors and similar hard medical goods to the extent that a licensed physician prescribes such equipment shall be reimbursed
- H. **Transportation** - Transportation to and from medical, psychological, dental, vision or other services is a reimbursable expense to the extent that the transportation is provided via a public carrier and a receipt is included with the reimbursement request. Transportation to and from medical or other appointments provided by a family member is not covered. The bureau must be notified in advance of any expense incurred as a result of having to go out of state for treatment and, in most instances, the costs of air or bus fare and lodging for the blind operator and attendant shall be reimbursed.

Approved by:

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Gayle Sherman, Chief of Program Services

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Date

Reviewed By:

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Michael T. Coleman, Administrator,  
Rehabilitation Division

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Date