

Claim number
Provider file number
Date plan filed

# Vocational Rehabilitation Invoice

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Activity dates \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Invoice number
Invoice date

Insurer name			Employee			
Address			WID number or SSN		Date of injury	
City	State	ZIP code	Employer			
Insurer claim representative			<b>Summary of costs to date</b>			
Provider firm name		Reg. #	Cost of <b>prior</b> QRC firm services other than placement		\$ _____	
Address			Cost to date of current QRC firm services other than placement		\$ _____	
City	State	ZIP code	Cost of any job placement and job development provided by prior QRC firm		\$ _____	
Telephone number	Federal ID# or SSN		Cost to date of any job placement and job development provided by current QRC firm		\$ _____	
Job placement vendor firm name		Reg. #	Cost to date of job placement/job development by registered rehab vendor(s) (including CARF)		\$ _____	
			Total cost to date of rehabilitation services		\$ _____	

### Vocational Rehabilitation Services

Date	Code	Service description	Professional time	Travel Time	Wait time	Mileage	Expenses

Date	Code	Service description	Professional time	Travel Time	Wait time	Mileage	Expenses
	<b>Totals:</b>						
Professional ____ hours at _____ /hr. = \$ _____	Total this bill \$ _____						
Travel ____ hours at _____ = \$ _____	Previous balance owed \$ _____						
Wait ____ hours at _____ = \$ _____	Pay this amount \$ _____						
Mileage: ____ miles at _____ /mi. = \$ _____							
Expenses (i.e. parking, other) = \$ _____							

## INSTRUCTIONS

The instructions for completing the Vocational Rehabilitation Invoice are in accordance with Minn. Statutes § 176.102 and Minn. Rules 5220.0100 through .1900.

Services shall be billed on no more than a 45-day interval.

“Date plan filed” is the date the initial completed R-2 Rehabilitation Plan form is received by the department.

Forms must be complete, legible and accurate.

Code number shall consist of a two-digit service code and one-digit professional/nonprofessional code.

The “total cost to date of rehabilitation services” includes previous rehabilitation costs. The actual amount due for this reporting period is reflected at the bottom of the invoice following “Pay this amount.” Should you have any questions or concerns about this invoice, contact the QRC listed.

### SERVICE CODE NUMBER, DESCRIPTION AND ABBREVIATIONS

Uniform billing: The following service categories and codes are used on all invoices and exhibits in accordance with Minn. Stat. § 176.102 and Minn. Rules 5220.0100 through .1900.

Code	Service description	Type of contact/activity	Abbreviation
00	Rehabilitation consultation	Telephone	T
01	Medical management	Visit/meeting	V
02	On-site job analysis	Rehabilitation activity/review	RA
03	Coordination of RTW with same employer	Report	R
04	Job modification	Rehab form	RF
05	Functional capacity evaluation	Letter/correspondence	L
06	Transferable skills analysis		
07	Work evaluation	<b>Party contacted</b>	<b>Abbreviation</b>
08	Work hardening/adjustment	Employee	E
09	Job seeking skills training	Employer	R
10A	Job development	Insurer	IR
10B	Job placement	Doctor	D
11	Post placement activity/follow-up	Attorney	A
12	Technical/academic skills improvement	Placement specialist	PS
13	Vocational counseling/guidance	*Other	O
14	Vocational testing		
15	On-the-job training		
16	Labor market survey		
17	Explore retraining/Formal retraining		
18	Administrative		
19	Preparation/attendance admin conf./formal hearing		
20	Expense/other		
P	Professional		
N	Nonprofessional		

#### Examples:

Date	Service Codes	Activity Description	Professional time	Travel time	Wait time	Mileage	Expense
1/17/17	01/VE	Visit employee at medical appointment	.50	.65		35	\$5.00
1/12/17	01/VED	Visit employee and doctor appointment	.50	.70			
1/13/17	01/VO	Visit physical therapist, etc.	.50	.50		28	\$5.00
1/18/17	01/LD	QRC letter to doctor	.65				
1/25/17	01/DL	Doctor letter to QRC					
1/25/17	03/TR	Telephone employer					
1/30/17	03/RT	Employer call to QRC					