In accordance with the Kansas Workers Compensation Schedule of Medical Fees, vocational rehabilitation professional and nonprofessional services have a maximum rate of $80.85/hour. Rehabilitation providers are limited to $4,620 in vendor expenses (including a total of $1,617 per case for nonprofessional services including travel and waiting charges) without prior written approval from the Division of Workers Compensation. If the vendor finds circumstances exist requiring expenditure over these established maximums, the assigned rehabilitation counselor must justify the additional expenses by completing the K-WC-R 99-8 Vendor's Request for Additional Expenditures form. Any expenditure over the established limits without prior Division approval may result in lost revenue to the vendor.

Vendors may now have an office within a home if the space conforms to the Internal Revenue definition. “Office” means a place in which business, professional or clerical activities are conducted. An office may be part of a home if both of the following conditions are met:

1. A portion of the home is regularly and exclusively used only for business
2. The home is the principal place for the administrative or management activities of the business or is the principal place for the vendor to meet or deal with patients, clients or customers in the normal course of business.

Your company agrees to report, in a form prescribed by the director, to the vocational rehabilitation administrator each referral received from an employer or insurance carrier and the date of the referral. This does include the reporting of medical management referrals on the Vendor Referral Report, K-WC-R 93-2, and case closure on the Medical Management Closure Report, K-WC-R 87-7.

Referrals for vocational rehabilitation services shall not be made to a provider in which the employer, the employer’s insurance carrier or the claims adjusting company handling the claim has a demonstrable financial interest, unless a full, written disclosure of the demonstrable financial interest has been submitted in writing by the provider to the employer, the employer’s insurance carrier, any claims adjusting company handling the claim, the employee and the Division’s Rehabilitation Administrator.