Potential Designated Doctor Program Improvements

March 10, 2022

Joe McElrath, Deputy Commissioner of Business Process
Mary Landrum, Director of Designated Doctor Operations

Designated Doctor Program

Topics discussed in October and addressed in informal drafts of Chapter 127 and Section 180.23 rules:

- Simplifying testing requirements.
- DWC directing multiple certifications of MMI and IR.
- Discontinuing the DWC Form-068.
- Clarifying network affiliation requirements for referral doctors.
- Adding board specialties for TBI exams.
- Restructuring rules for readability.

Designated Doctor Program

Please send written comments on
Chapter 127 and Section 180.23
informal proposals by
5:00 p.m. Monday, April 4, 2022
RuleComments@tdi.texas.gov

Designated Doctor Program

Topics for discussion today related to Chapter 133 and 134 rules

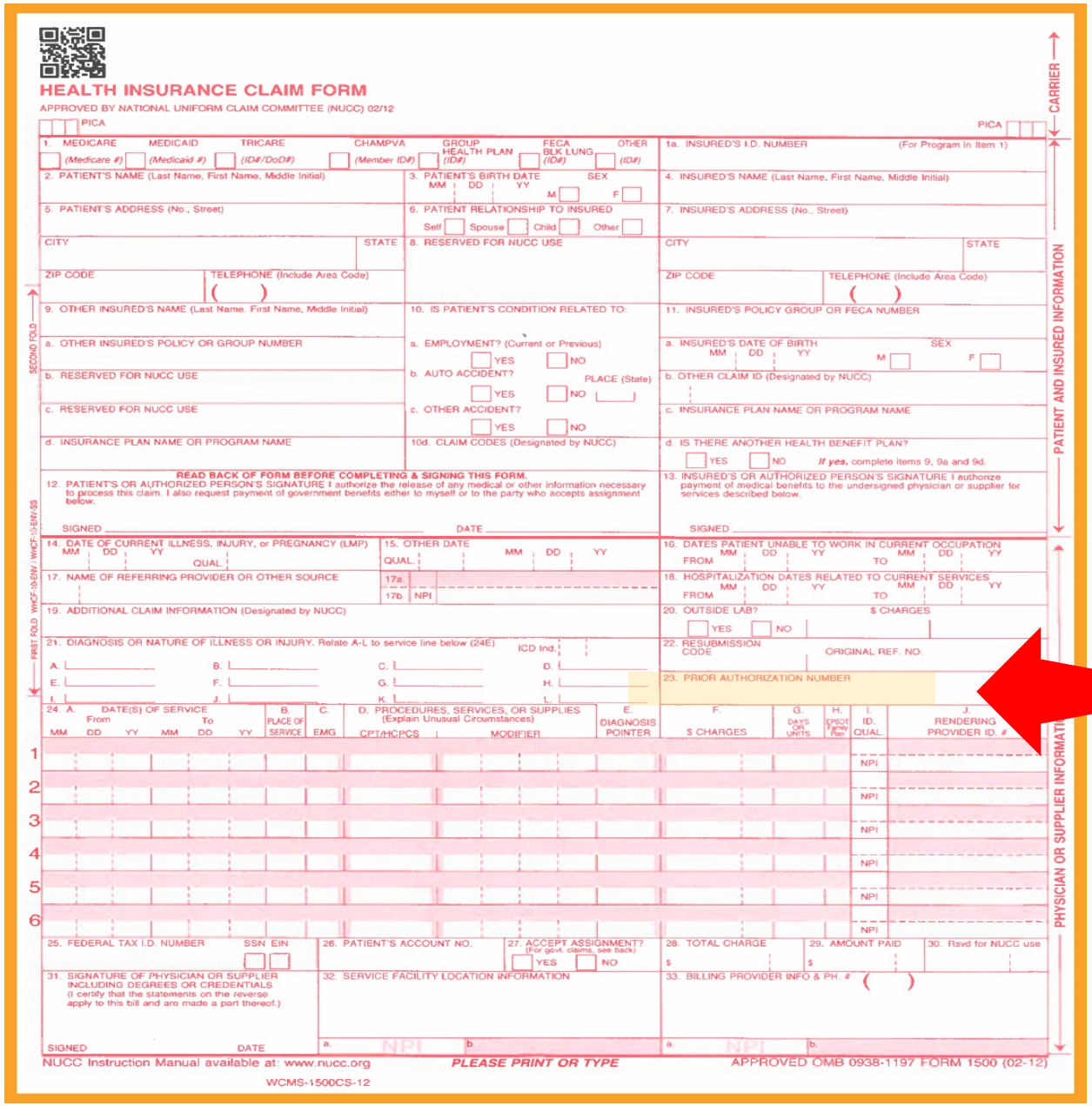
- Facilitate timely, accurate billing and reimbursement.
- Decrease reimbursement conflicts and medical fee disputes.
- Set fees that recognize work required.
- Apply annual fee update methodology.

Designated Doctor Program

Bill submission and processing

Decrease complexity of billing.

- Use of modifiers.
- Multiple combination options.
- Exam types.
- Clarify billing requirements.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes,* complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH. # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB 0938-1197 FORM 1500 (02-12)

WCMS-1500CS-12

SECOND FOLD

FIRST FOLD WHCF-1500-ENV WHCF-1500-ENV-SS

CARRIER

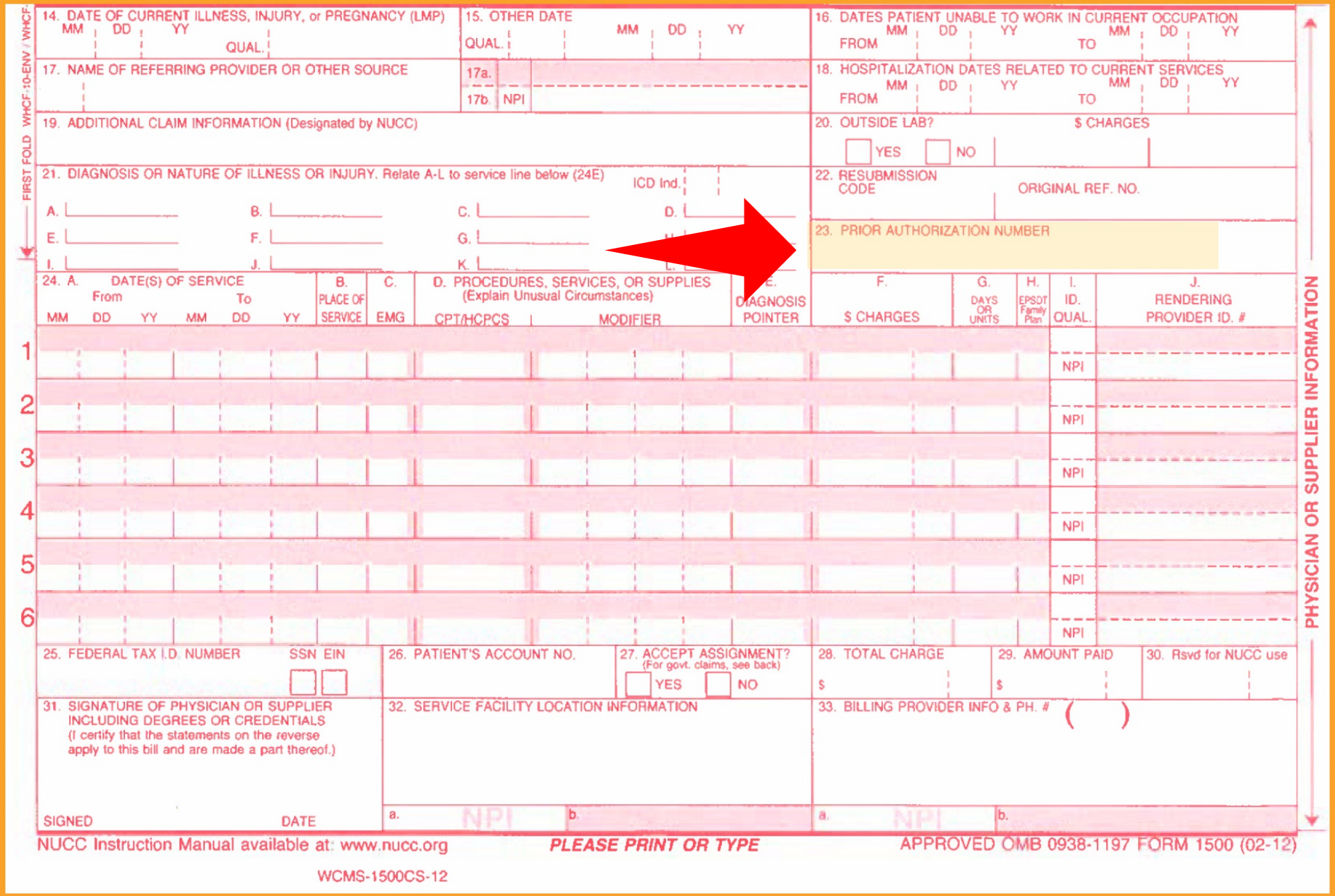
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Designated Doctor Program

Bill submission and processing

Decrease medical fee disputes by linking referral and testing billing to the exam order.



FIRST FOLD WHCF:10-ENV / WHCF-

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15. OTHER DATE QUAL. MM DD YY

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1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

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PHYSICIAN OR SUPPLIER INFORMATION

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WCMS-1500CS-12

Designated Doctor Program

Reimbursement rates

Set fees that recognize work required.

Current fee structure does not factor in:

- diagnosis or injury severity of employee;
- specialist qualifications required; or
- work needed for specific report types.

Designated Doctor Program

Reimbursement rates

- Separate fees?
    - Record review
    - MMI vs. not at MMI
    - Impairment rating
    - Narrative reports
- Update fees to reflect current market and DWC standards.

Designated Doctor Program

Reimbursement rates

Apply annual fee update methodology

- Consider update to methodology in Section 134.203.

Designated Doctor Program

Other issues or opportunities for improvement?

Designated Doctor Program

For more information, send an email to:

DWCExternalRelations@tdi.texas.gov

Designated Doctor Program

Next Steps

DWC to informally propose
updates to Chapters 133 and 134.