

# Designated Doctor

## Second Informal Rule Proposal for Chapters 133 and 134

December 1, 2022

Joe McElrath, Deputy Commissioner, Business Process

Mary Landrum, Deputy Commissioner, Health and Safety

# Designated Doctor Second Informal Rule Proposal

Please send written comments on  
Chapters 133 and 134  
informal proposals by  
5 p.m., Friday, December 16, 2022  
[RuleComments@tdi.texas.gov](mailto:RuleComments@tdi.texas.gov)

# Designated Doctor Second Informal Rule Proposal

## Goals for program improvement

- Increase physician participation.
- Maintain doctor of chiropractic participation.
- Decrease administrative burden for participation in the program.

# Designated Doctor Second Informal Rule Proposal

## Goals of changes to billing and reimbursement

- Increase certainty of payment.
- Decrease complexity of billing.
- Ensure fees better reflect the effort required by designated doctors.
- Update reimbursement for services.

# Designated Doctor Second Informal Rule Proposal

## Increase certainty of payment

- Use a new exam assignment number provided by DWC to better identify bills for designated doctor and referral exams.
- Revise bill submission date for “dates of service” when additional testing or referral is needed.

# Designated Doctor Second Informal Rule Proposal

## New exam assignment number

- Assignment number to be reported in the “prior authorization” field on the CMS-1500 by designated doctors and referral and testing doctors.
- Assignment number must be used on all types of billing:
  - professional;
  - pharmacy;
  - dental; or
  - inpatient and hospital facilities.
- Designated doctor must provide the assignment number to testing and referral providers.

# Designated Doctor Second Informal Rule Proposal

## Allowing date range for designated doctor exam “dates of service”

The 95-day period for timely submission of the designated doctor bill begins on the date of service of the additional testing or evaluation.

| FROM           | TO             |
|----------------|----------------|
| March 11, 2022 | April 27, 2022 |

# Designated Doctor Second Informal Rule Proposal

## Clarification of Medicare polices for payment

- Inserted language from Section 134.203 to clarify the applicability of correct coding and application of Medicare policies for payment.
- System participants must apply Medicare payment policies in effect on the date a service is provided.



# Designated Doctor Second Informal Rule Proposal

## Decrease complexity of billing

- Reorganized and clarified rule requirements by doctor type.
- Reduced number of billing modifiers.
- Eliminated tiered reimbursement for multiple designated doctor and required medical exams.
- Created one billing method and reimbursement rate for impairment rating.
- Discontinued billing and fee for maximum medical improvement and impairment rating referring doctors incorporating results of testing.

# Designated Doctor Second Informal Rule Proposal

## Reorganization of rule requirements

- Designated doctors, required medical examination doctors, and maximum medical improvement and impairment rating certified doctors have their specific billing requirements in their own section.
- Section 134.235 "Return to Work/Evaluation of Medical Care" is now billing requirements for "RME exams."
- Section 134.239 clarifies that work status reports may not be billed or reimbursed separately when completed as a component of a required exam.

# Designated Doctor Second Informal Rule Proposal

## Reduced number of billing modifiers

- Discontinues modifiers: RE, SP, TC, V1, V2, and WP.
- Corrects the CPT code reference for the MI modifier.
- Updates reference to modifiers V3, V4, and V5 by tying them to the CPT code description.
- Defines modifiers in Section 134.210 only; definitions are not repeated in each section.
- Adds one new modifier, 25, used to identify physician designated doctor exams of injured employees with complex injuries.

# Designated Doctor Second Informal Rule Proposal

## Eliminated tiered reimbursement for designated doctor and required medical exams

- The current rule requires that extent of injury, disability, return-to-work, and other similar issues be reimbursed at a lower rate if they are performed concurrently in the same exam:
  - first issue must be billed at 100% of the fee;
  - second issue must be billed at 50% of the fee; and
  - third issue must be billed at 25% of the fee.
- The proposed rule reimburses all issues at the full rate.

# Designated Doctor Second Informal Rule Proposal

## One billing method and reimbursement rate for impairment rating

- Current Section 134.250(4)(C) allows billing and reimbursement for:
  - use of the diagnosis related estimates method; and
  - a full physical evaluation with range of motion.
- The proposed rule provides a standard way of billing and the same reimbursement amount, regardless of which method is used.

# Designated Doctor Second Informal Rule Proposal

## Discontinue separate fee for incorporating testing results

- Current Section 134.250(4)(D) allows billing and reimbursement when a maximum medical improvement and impairment rating certified referral doctor incorporates testing results into the calculation of impairment rating.
- The proposed rule discontinues billing and separate fee.

# **Designated Doctor Second Informal Rule Proposal**

**Ensure fees better reflect the effort  
required of designated doctors**

# Designated Doctor Second Informal Rule Proposal

## New missed appointment fee

- Allows designated doctors to bill when an injured employee does not attend a scheduled exam.
- The designated doctor must wait at least 30 minutes for the injured employee.
- The designated doctor must follow all DWC rescheduling requirements if the missed exam was rescheduled.
- Does not qualify for the 10% incentive payment.



# Designated Doctor Second Informal Rule Proposal

## Update fees annually by applying an adjustment factor

- Adjust fees annually for:
  - designated doctor exams;
  - required medical exams; and
  - maximum medical improvement and impairment rating exams.
- Adjusted on January 1 of each calendar year using the annual percentage adjustment included in Section 134.203, the professional services fee schedule.
- Section 134.203 currently identifies the Medicare Economic Index as the annual adjustment factor.

# Designated Doctor Second Informal Rule Proposal

## Other conforming and clarifying changes

- Updates medical state reporting requirements to provide for the new designated doctor exam assignment number.
- Makes editorial and style guide updates to rule language.

# **Designated Doctor Second Informal Rule Proposal**

**Increased reimbursement for designated doctor exams, required medical exams, and maximum medical improvement and impairment rating exams by referral and treating doctors**

# **Designated Doctor Second Informal Rule Proposal**

## **Draft Revised Fee Schedule**

# Designated Doctor Second Informal Rule Proposal

**Texas Department of Insurance, Division of Workers' Compensation**  
**Draft Revised Fee Schedule for Designated Doctor Exams, Required Medical Exams, and**  
**Maximum Medical Improvement and Impairment Rating Exams**  
**Second Informal Proposal of Updates to 28 Texas Administrative Code Chapters 133 and 134**  
**November 17, 2022**

## Designated Doctor Exams

| Proposed rule reference    | Issue   | Current amount | Proposed amount |
|----------------------------|---|----------------|-----------------|
| §134.240(d)(2)             | Maximum medical improvement                         | \$ 350.00      | \$ 437.50       |
| §134.240(d)(3)(A)(ii)(I)   | Impairment rating (IR) - first musculoskeletal area | \$ 300.00      | \$ 360.00       |
| §134.240(d)(3)(A)(ii)(II)  | IR - additional musculoskeletal areas               | \$ 150.00      | \$ 180.00       |
| §134.240(d)(3)(B)(iii)(II) | IR - each non-musculoskeletal area                  | \$ 150.00      | \$ 180.00       |
| §134.240(d)(3)(D)          | IR - additional IR                                  | \$ 50.00       | \$ 60.00        |
| §134.240(d)(4)             | Extent of injury                                    | \$ 500.00      | \$ 660.00       |
| §134.240(d)(5)             | Disability  | \$ 500.00      | \$ 565.00       |

# Designated Doctor Second Informal Rule Proposal

## Billing Examples

# Designated Doctor Second Informal Rule Proposal

## Billing Examples

### Example One

On June 11, 2021, DWC selects a designated doctor (chiropractor or physician) to examine an injured employee with a lumbar sprain/strain for:

- maximum medical improvement,
- impairment rating,
- extent of injury, and
- return to work.

The doctor examines the injured employee on June 29, 2021, and uses the range of motion method to assess impairment rating, but has a physical therapist perform range of motion, sensory, or strength testing of the musculoskeletal body areas. The doctor does three certifications of MMI and IR.

### Current

| 21. DATES OF SERVICE   |    |    |    |    |    |     |          |       |     |    |       |           | 22. REVISION CODE       |     | 23. PRIOR AUTHORIZATION NUMBER       |     |                  |  |               |  |                      |  |             |  |                    |  |
|--|----|----|----|----|----|-----|----------|-------|-----|----|-------|-----------|-------------------------|-----|--------------------------------------|-----|------------------|--|---------------|--|----------------------|--|-------------|--|--------------------|--|
| 21. DANGEROUS OR NATURE OF ILLNESS OR INJURY. Refer A-4 to service line below (DATE) |    |    |    |    |    |     |          |       |     |    |       |           | EDT#                    |     | ORIGINAL REF. NO.                    |     |                  |  |               |  |                      |  |             |  |                    |  |
| 21. A. DATES OF SERVICE  |    |    |    |    |    |     |          |       |     |    |       |           | 21. B. PLACE OF SERVICE |     | 21. C. PROCEDURE, SERVICE, OR SUPPLY |     | 21. D. DIAGNOSIS |  | 21. E. CHARGE |  | 21. F. DAYS OR UNITS |  | 21. G. PSPT |  | 21. H. ENDORSEMENT |  |
| MM   | DD | YY | MM | DD | YY | DAS | PT/CHKCS | MOD   | FIB | E  | S     | CHARGE    | UNITS                   | Pln | T-D-QUAL                             | Pln | T-D-QUAL         |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  |    |       | \$ 350.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | 26 |       | \$ 120.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | MB |       | \$ 100.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | RE |       | \$ 500.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | RE |       | \$ 250.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
|  |    |    |    |    |    |     |          |       |     |    | TOTAL |           | \$ 1,320.00             |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |

### Proposed

| 21. DATES OF SERVICE   |    |    |    |    |    |     |          |       |     |    |       |           | 22. REVISION CODE       |     | 23. PRIOR AUTHORIZATION NUMBER       |     |                  |  |               |  |                      |  |             |  |                    |  |
|--|----|----|----|----|----|-----|----------|-------|-----|----|-------|-----------|-------------------------|-----|--------------------------------------|-----|------------------|--|---------------|--|----------------------|--|-------------|--|--------------------|--|
| 21. DANGEROUS OR NATURE OF ILLNESS OR INJURY. Refer A-4 to service line below (DATE) |    |    |    |    |    |     |          |       |     |    |       |           | EDT#                    |     | ORIGINAL REF. NO.                    |     |                  |  |               |  |                      |  |             |  |                    |  |
| 21. A. DATES OF SERVICE  |    |    |    |    |    |     |          |       |     |    |       |           | 21. B. PLACE OF SERVICE |     | 21. C. PROCEDURE, SERVICE, OR SUPPLY |     | 21. D. DIAGNOSIS |  | 21. E. CHARGE |  | 21. F. DAYS OR UNITS |  | 21. G. PSPT |  | 21. H. ENDORSEMENT |  |
| MM   | DD | YY | MM | DD | YY | DAS | PT/CHKCS | MOD   | FIB | E  | S     | CHARGE    | UNITS                   | Pln | T-D-QUAL                             | Pln | T-D-QUAL         |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  |    |       | \$ 437.50 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | 26 |       | \$ 360.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | MB |       | \$ 120.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | RE |       | \$ 660.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11  |          | 99456 | WS  | RE |       | \$ 565.00 | 1                       |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |
|  |    |    |    |    |    |     |          |       |     |    | TOTAL |           | \$ 2,142.50             |     |                                      |     |                  |  |               |  |                      |  |             |  |                    |  |

New assignment number  
Proposed 133.10(F)(N)(ii)

26 modifier discontinued.  
Current 134.250(4)(C)(iv)  
DRE and ROM billing methods  
discontinued; one billing method for IR.  
Current 134.250(4)(C)(ii)

RE modifier discontinued.  
Current 134.235

# Designated Doctor Second Informal Rule Proposal

## Example One

On June 11, 2021, DWC selects a designated doctor (chiropractor or physician) to examine an injured employee with a lumbar sprain/strain for:

- maximum medical improvement,
- impairment rating,
- extent of injury, and
- return to work.

The doctor examines the injured employee on June 29, 2021, and uses the range of motion method to assess impairment rating, but has a physical therapist perform range of motion, sensory, or strength testing of the musculoskeletal body areas. The doctor does three certifications of MMI and IR.



# Designated Doctor Second Informal Rule Proposal

Current

| 21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) |    |    |    |    |    |                  |     |                                      |          |    | ICD Ind.                       |            | 22. RESUBMISSION CODE |             | ORIGINAL REF. NO. |                         |  |
|--|----|----|----|----|----|------------------|-----|--------------------------------------|----------|----|--------------------------------|------------|-----------------------|-------------|-------------------|-------------------------|--|
| A.   |    |    | B. |    |    | C.               |     |                                      | D.       |    |                                |            |                       |             |                   |                         |  |
| E.   |    |    | F. |    |    | G.               |     |                                      | H.       |    | 23. PRIOR AUTHORIZATION NUMBER |            |                       |             |                   |                         |  |
| I.   |    |    | J. |    |    | K.               |     |                                      | L.       |    |                                |            |                       |             |                   |                         |  |
| 24. A. DATE(S) OF SERVICE  |    |    |    |    |    | B.               | C.  | D. PROCEDURES, SERVICES, OR SUPPLIES |          |    | E.                             | F.         | G.                    | H.          |                   | J.                      |  |
| From   |    |    | To |    |    | PLACE OF SERVICE | EMG | (Explain Unusual Circumstances)      |          |    | DIAGNOSIS POINTER              | \$ CHARGES | DAYS OR UNITS         | Family Plan | ID QUAL           | RENDERING PROVIDER ID # |  |
| MM   | DD | YY | MM | DD | YY |                  |     | CPT/HCPCS                            | MODIFIER |    |                                |            |                       |             |                   |                         |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       |    |                                | \$ 350.00  | 1                     |             | NPI               |                         |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       | 26 |                                | \$ 120.00  | 1                     |             | NPI               |                         |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       | MI |                                | \$ 100.00  | 1                     |             | NPI               |                         |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W6       | RE |                                | \$ 500.00  | 1                     |             | NPI               |                         |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W8       | RE |                                | \$ 250.00  | 1                     |             | NPI               |                         |  |
|  |    |    |    |    |    |                  |     |                                      |          |    |                                |            |                       |             | NPI               |                         |  |
| <b>TOTAL</b>   |    |    |    |    |    |                  |     |                                      |          |    |                                |            | \$ 1,320.00           |             |                   |                         |  |

# Designated Doctor Second Informal Rule Proposal

Proposed

| 21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) |    |    |    |    |    |                  |     |                                      |          |                   |             |               | ICD Ind.    |                                | 22. RESUBMISSION CODE   |    | ORIGINAL REF. NO. |  |
|--|----|----|----|----|----|------------------|-----|--------------------------------------|----------|-------------------|-------------|---------------|-------------|--------------------------------|-------------------------|----|-------------------|--|
| A.   |    |    | B. |    |    | C.               |     |                                      | D.       |                   |             |               |             |                                |                         |    |                   |  |
| E.   |    |    | F. |    |    | G.               |     |                                      | H.       |                   |             |               |             | 23. PRIOR AUTHORIZATION NUMBER |                         |    |                   |  |
| I.   |    |    | J. |    |    | K.               |     |                                      | L.       |                   |             | 123456789     |             |                                |                         |    |                   |  |
| 24. A. DATE(S) OF SERVICE  |    |    |    |    |    | B.               | C.  | D. PROCEDURES, SERVICES, OR SUPPLIES |          |                   |             | E.            | F.          | G.                             | H.                      | I. | J.                |  |
| From   |    | To |    | YY |    | PLACE OF SERVICE | EMG | CPT/HCPCS                            | MODIFIER | DIAGNOSIS POINTER | \$ CHARGES  | DAYS OR UNITS | Family Plan | ID QUAL                        | RENDERING PROVIDER ID # |    |                   |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       |                   | \$ 437.50   | 1             |             | NPI                            |                         |    |                   |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       |                   | \$ 360.00   | 1             |             | NPI                            |                         |    |                   |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5 MI    |                   | \$ 120.00   | 1             |             | NPI                            |                         |    |                   |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       |                   | \$ 660.00   | 1             |             | NPI                            |                         |    |                   |  |
| 6  | 29 | 21 | 6  | 29 | 21 | 11               |     | 99456                                | W5       |                   | \$ 565.00   | 1             |             | NPI                            |                         |    |                   |  |
| TOTAL  |    |    |    |    |    |                  |     |                                      |          |                   | \$ 2,142.50 |               |             |                                |                         |    |                   |  |

New assignment number  
Proposed §133.10(f)(N)(ii)

26 modifier discontinued.  
Current §134.250(4)(C)(iv)  
DRE and ROM billing methods discontinued; one billing method for IR.  
Current §134.250(4)(C)(ii)

RE modifier discontinued.  
Current §134.235

# Designated Doctor Second Informal Rule Proposal

**Questions?**

# Designated Doctor Second Informal Rule Proposal

**Draft text and billing examples:**

[www.tdi.texas.gov/wc/rules/drafts.html](http://www.tdi.texas.gov/wc/rules/drafts.html)

**Comment period closes:**

Friday, December 16, 2022, 5 p.m.

**Send comments to:**

[RuleComments@tdi.texas.gov](mailto:RuleComments@tdi.texas.gov)