

**Division of Workers' Compensation
Designated Doctor Billing and Reimbursement 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. DIAGNOSIS 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.		I.		J.	
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		EPSOT Family Plan		RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER													
6	29	21	6	29	21	11			99456	WS					\$ 350.00	1					NPI		
6	29	21	6	29	21	11			99456	WS	26				\$ 120.00	1					NPI		
6	29	21	6	29	21	11			99456	WS	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		
													TOTAL		\$ 1,320.00								

Proposed

21. DIAGNOSIS 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.		I.		J.	
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		EPSOT Family Plan		RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER													
6	29	21	6	29	21	11			99456	WS					\$ 437.50	1					NPI		
6	29	21	6	29	21	11			99456	WS					\$ 360.00	1					NPI		
6	29	21	6	29	21	11			99456	WS	MI				\$ 120.00	1					NPI		
6	29	21	6	29	21	11			99456	W6					\$ 660.00	1					NPI		
6	29	21	6	29	21	11			99456	W8					\$ 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**

Example Two

On August 9, 2021, DWC selects a designated doctor (chiropractor) to examine an injured employee with a foot and leg injury for:

- maximum medical improvement, and
- impairment rating.

The doctor travels to the exam on August 25, 2022, and the injured employee does not attend the exam. After waiting 40 minutes and several attempts to reach the injured employee, the designated doctor contacts DWC and the exam is cancelled.

Current

21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)										ICD Ind. 1		22. RESUBMISSION CODE		ORIGINAL REF. NO.										
A.			B.			C.			D.			23. PRIOR AUTHORIZATION NUMBER												
E.			F.			G.			H.															
I.			J.			K.			L.															
24. A. DATE(S) OF SERVICE							B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.		F.		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
From		To		PLACE OF SERVICE		EMG		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		UNITS								
MM	DD	YY	MM	DD	YY																			
1																							NPI	
2																							NPI	
3																							NPI	
4																							NPI	
5																							NPI	
6																							NPI	
TOTAL														\$		-								

Proposed

21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)										ICD Ind. 1		22. RESUBMISSION CODE		ORIGINAL REF. NO.										
A.			B.			C.			D.			23. PRIOR AUTHORIZATION NUMBER												
E.			F.			G.			H.															
I.			J.			K.			L.															
24. A. DATE(S) OF SERVICE							B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.		F.		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
From		To		PLACE OF SERVICE		EMG		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		UNITS								
MM	DD	YY	MM	DD	YY																			
1																							NPI	
2																							NPI	
3																							NPI	
4																							NPI	
5																							NPI	
6																							NPI	
TOTAL														\$		150.00								

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

123456789

DD bills for the missed exam fee. Proposed §134.240(b)

8 | 25 | 21 | 8 | 25 | 21 | 11 | 99456 | 52 | \$ 150.00 | 1 | NPI

Example Three

On November 10, 2021, DWC selects a designated doctor (physician) to examine an injured employee with lumbar, foot and leg injury for:

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

The doctor examines the injured employee on November 23, 2021, evaluates IR using the diagnosis related estimate (DRE) method and provides two ratings of IR.

Current

21. DAIGNOSIS OR NATURE OF ILLNESS OR INIURY. Relate A-L to service line below (24E)													ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		EPSOT Family Plan		J. RENDERING PROVIDER ID #	
From			To			B. PLACE OF SERVICE		C. EMG	CPT/HCPCS		MODIFIER	POINTER	\$	UNITS	Family Plan	I. ID QUAL	PROVIDER ID #							
MM	DD	YY	MM	DD	YY																			
11	23	21	11	23	21	11			99456	W5			\$ 350.00	1		NPI								
11	23	21	11	23	21	11			99456	W5			\$ 300.00	2		NPI								
11	23	21	11	23	21	11			99456	W5	MI		\$ 50.00	1		NPI								
11	23	21	11	23	21	11			99456	W6	RE		\$ 500.00	1		NPI								
																NPI								
																NPI								
TOTAL													\$ 1,200.00											

Proposed

21. DAIGNOSIS OR NATURE OF ILLNESS OR INIURY. Relate A-L to service line below (24E)													ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		J. RENDERING PROVIDER ID #	
From			To			B. PLACE OF SERVICE		C. EMG	CPT/HCPCS		MODIFIER	POINTER	\$	UNITS	Family Plan	I. ID QUAL	PROVIDER ID #							
MM	DD	YY	MM	DD	YY																			
11	23	21	11	23	21	11			99456	W5			\$ 437.50	1		NPI								
11	23	21	11	23	21	11			99456	W5			\$ 720.00	3		NPI								
11	23	21	11	23	21	11			99456	W5	MI		\$ 60.00	1		NPI								
11	23	21	11	23	21	11			99456	W6			\$ 660.00	1		NPI								
																NPI								
																NPI								
TOTAL													\$ 1,877.50											

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

123456789

RE modifier discontinued. Current §134.235

Example Four

On March 21, 2022, DWC selects a designated doctor (physician) to examine an injured employee with a traumatic brain injury and a lumbar sprain/strain:

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

The doctor examines the injured employee on April 9, 2022, evaluates IR using ROM method for the spine and provides three ratings of IR.

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.		I.		J.			
E.			F.			G.			H.			23. PRIOR AUTHORIZATION NUMBER													
I.			J.			K.			L.																
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
3	21	22	3	21	22	11				99456	W5				\$ 350.00	1							NPI		
3	21	22	3	21	22	11				99456	W5				\$ 450.00	2							NPI		
3	21	22	3	21	22	11				99456	W5	MI			\$ 100.00	1							NPI		
3	21	22	3	21	22	11				99456	W6	RE			\$ 500.00	1							NPI		
3	21	22	3	21	22	11				99456	W8	RE			\$ 250.00	1							NPI		
													TOTAL		\$ 1,650.00										

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.		I.		J.			
E.			F.			G.			H.			23. PRIOR AUTHORIZATION NUMBER													
I.			J.			K.			L.																
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
4	3	22	4	3	22	11				99456	W6	25			\$ 737.50	1							NPI		
4	3	22	4	3	22	11				99456	W5				\$ 540.00	1							NPI		
4	3	22	4	3	22	11				99456	W6	MI			\$ 120.00	1							NPI		
4	1	22	4	1	22	11				99456	W6				\$ 660.00	1							NPI		
4	1	22	4	1	22	11				99456	W6				\$ 565.00								NPI		
													TOTAL		\$ 2,622.50										

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

New modifier 25 to bill for the new complex diagnosis fee. One time per exam.
Proposed §134.240(g)

RE modifier discontinued.
Current §134.235

Example Five A

On September 6, 2021, DWC selects a designated doctor (physician) to examine an injured employee with a spinal cord injury for:

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

The doctor travels to the exam on September 29, 2021, and the injured employee does not attend the exam. After waiting 40 minutes, the designated doctor leaves and later bills for a missed appointment.

21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)													ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.																
24. A. DATE(S) OF SERVICE													B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #			
MM	DD	YY	MM	DD	YY																												
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
TOTAL													\$																				

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.																	
24. A. DATE(S) OF SERVICE													B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #				
MM	DD	YY	MM	DD	YY																													
1	9	29	21	9	29	21																												
2																																		
3																																		
4																																		
5																																		
6																																		
TOTAL													\$	150.00																				

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

Billing for missed appointment.
Proposed §134.240(b)

Example Five B

On September 6, 2021, DWC selects a designated doctor (physician) to examine an injured employee with a spinal cord injury for:

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

The doctor travels to the exam on September 29, 2021, and the injured employee does not attend the exam. After waiting 40 minutes, the designated doctor leaves and later bills for a missed appointment.

On October 12, 2021, the same designated doctor (physician) contacts the same employee and reschedules and conducts the exam on October 27, 2021. The doctor evaluates IR and provides three ratings of IR. The doctor has already reviewed the records. The DD sends the injured employee for additional testing that is conducted on December 3, 2021.

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.		I.		J.			
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E.		F.		G.		H.		J.	
From			To			PLACE OF SERVICE		EMG		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPSOT Family Plan		RENDERING PROVIDER ID #		
MM	DD	YY	MM	DD	YY																			
10	27	21	10	27	21	11			99456	W5				\$	350.00	1						NPI		
10	27	21	10	27	21	11			99456	W5	MI			\$	350.00	1						NPI		
10	27	21	10	27	21	11			99456	W6	RE			\$	500.00	1						NPI		
10	27	21	10	27	21	11			99456	W8	RE			\$	250.00	1						NPI		
													TOTAL		\$ 1,450.00									

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.		I.		J.			
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E.		F.		G.		H.		J.	
From			To			PLACE OF SERVICE		EMG		CPT/HCPCS		MODIFIER		DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPSOT Family Plan		RENDERING PROVIDER ID #		
MM	DD	YY	MM	DD	YY																			
10	27	21	12	03	21	11			99456	W5	25			\$	737.50	1						NPI		
10	27	21	12	03	21	11			99456	W5	MI			\$	420.00	1						NPI		
10	27	21	12	03	21	11			99456	W6				\$	660.00	1						NPI		
10	27	21	12	03	21	11			99456	W8				\$	565.00	1						NPI		
													TOTAL		\$ 2,382.50									

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

New modifier 25 to bill for the new complex diagnosis fee.
Proposed §134.240(g)

End date for DD exam because of additional testing; 95-day bling requirement for DD exam begins.
Proposed §§133.10(f)(O)(i) and 133.20(b)(1)

RE modifier discontinued.
Current §134.235