

# **Designated Doctor Billing and Reimbursement Presentation**

## **Specific Question Proposed for Feedback**

### **March 10, 2022**

#### **Billing**

- Is there a need for modifiers "WP," "26" and "TC," since designated doctors (DD) must be present for the entire exam?
- Is there a need for the "RE" modifier since other modifiers ("W5"- "W9") identify the issue the DD was ordered to address?
- Is additional guidance needed for DDs to bill one issue per line on the CMS1500 form field #24 to help with billing and reduce denials or underpayments?
- Is additional guidance needed for DDs to report modifiers in a specific sequence on the CMS1500 form field #24 to help with billing and reduce denials or underpayments?
- Is there a need for the "NM" modifier since the fee for determining maximum medical improvement (MMI) is the same whether the injured employee is at MMI or not?
- Is there a need for the "MI" modifier when billing for multiple impairment ratings?
- Is modifier "SP" useful since it is required only when a DD incorporates a specialty report, such as additional testing, into the narrative report when addressing non-musculoskeletal (MSK) body areas?
- Are the billing distinctions of diagnosis-related estimates (DRE) and range of motion methods necessary when billing for MSK impairment rating exams?
- What issues or concerns have you seen with referral doctors related to billing and reimbursement? Is creating a unique number for the DD exam order to be included on the CMS1500 field #23 helpful? This would tell the insurance carrier that the bill is linked to a DD exam, either the bill from

the DD or the referral doctor. The unique number on the bill would also indicate that the services were not subject to the normal medical necessity and utilization review requirements.

## **Reimbursement**

- Should the fee structure reflect the diagnosis or injury severity of the injured employee, or the board certifications required to examine injured employees? Specifically, should fees reflect the complexity of the body areas or diagnoses involved in an exam.
- Should fees for extent-of-injury exam be more than for other types of exams?
- Should a reduced fee amount for extent of injury, disability and return-to-work exams in the same exam be continued?
- Should there be separate billing and fees for record review, missed exams, and other specific services? What are the pros and cons for specific fee components versus a flat fee that includes the various components?
- Should DD fees be adjusted on an ongoing basis? DWC adjusts reimbursement rates for professional fees annually using the Medicare Economic Index and a conversion factor.