

**Division of Workers' Compensation
Designated Doctor Billing and Reimbursement Examples**

Example One

On November 15, 2023, 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 December 1, 2023, 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.		23. PRIOR AUTHORIZATION NUMBER				
E.				F.				G.				H.		I.		J.				
I.				J.				K.				L.								
24. A. DATE(S) OF SERVICE						B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		H.		J.		
From To						PLACE OF SERVICE		EMG		(Explain Unusual Circumstances)				DIAGNOSIS POINTER		EPSOT Family Plan		RENDERING PROVIDER ID #		
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER			F. \$ CHARGES	G. DAYS OR UNITS	I. ID QUAL					
12	1	23	12	1	23	11			99456	WS			\$ 350.00	1						
12	1	23	12	1	23	11			99456	WS	26		\$ 240.00	1						
12	1	23	12	1	23	11			99456	WS	MI		\$ 100.00	2						
12	1	23	12	1	23	11			99456	W6	RE		\$ 500.00	1						
12	1	23	12	1	23	11			99456	W8	RE		\$ 250.00	1						
													TOTAL			\$ 1,440.00				

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.		23. PRIOR AUTHORIZATION NUMBER				
E.				F.				G.				H.		I.		J.				
I.				J.				K.				L.								
24. A. DATE(S) OF SERVICE						B.		C.		D. PROCEDURES, SERVICES, OR SUPPLIES				E.		H.		J.		
From To						PLACE OF SERVICE		EMG		(Explain Unusual Circumstances)				DIAGNOSIS POINTER		EPSOT Family Plan		RENDERING PROVIDER ID #		
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER			F. \$ CHARGES	G. DAYS OR UNITS	I. ID QUAL					
12	1	23	12	1	23	11			99456	WS			\$ 449.00	1						
12	1	23	12	1	23	11			99456	WS			\$ 385.00	1						
12	1	23	12	1	23	11			99456	WS	MI		\$ 128.00	2						
12	1	23	12	1	23	11			99456	W6			\$ 642.00	1						
12	1	23	12	1	23	11			99456	W8			\$ 642.00	1						
													TOTAL			\$ 2,246.00				

**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 November 15, 2023, 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 December 1, 2023, 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 leaves and later bills for a missed appointment.

Current

21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)										ICD Ind. <input type="checkbox"/>		22. RESUBMISSION CODE		ORIGINAL REF. NO.											
A. <input type="text"/>			B. <input type="text"/>			C. <input type="text"/>			D. <input type="text"/>			23. PRIOR AUTHORIZATION NUMBER													
E. <input type="text"/>			F. <input type="text"/>			G. <input type="text"/>			H. <input type="text"/>																
I. <input type="text"/>			J. <input type="text"/>			K. <input type="text"/>			L. <input type="text"/>																
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 #	
From		To																							
MM	DD	YY	MM	DD	YY																				
1																									
2																									
3																									
4										NONE															
5																									
6																									
TOTAL																\$		-							

Proposed

21. DAIGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)										ICD Ind. <input type="checkbox"/>		22. RESUBMISSION CODE		ORIGINAL REF. NO.											
A. <input type="text"/>			B. <input type="text"/>			C. <input type="text"/>			D. <input type="text"/>			23. PRIOR AUTHORIZATION NUMBER													
E. <input type="text"/>			F. <input type="text"/>			G. <input type="text"/>			H. <input type="text"/>			12345678DD01													
I. <input type="text"/>			J. <input type="text"/>			K. <input type="text"/>			L. <input type="text"/>																
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 #	
From		To																							
MM	DD	YY	MM	DD	YY																				
1																									
2																									
3																									
4																									
5																									
6																									
TOTAL																\$		100.00							

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

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

Example Three

On November 15, 2023, 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 December 1, 2023, 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 POINTER		F. \$ CHARGES		G. DAYS OR UNITS		EPSOT Family Plan		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	C. EMG	CPT/HCPCS	MODIFIER															
12	1	23	12	1	23	11		99456	W5					\$ 350.00	1						NPI			
12	1	23	12	1	23	11		99456	W5					\$ 300.00	2						NPI			
12	1	23	12	1	23	11		99456	W5	MI				\$ 50.00	1						NPI			
12	1	23	12	1	23	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 POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	C. EMG	CPT/HCPCS	MODIFIER															
12	1	23	12	1	23	11		99456	W5					\$ 449.00	1						NPI			
12	1	23	12	1	23	11		99456	W5					\$ 577.00	2						NPI			
12	1	23	12	1	23	11		99456	W5	MI				\$ 64.00	1						NPI			
12	1	23	12	1	23	11		99456	W6					\$ 642.00	1						NPI			
																					NPI			
																					NPI			
TOTAL															\$ 1,732.00									

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

12345678DD01

RE modifier discontinued. Current §134.235

W6

Example Four

On November 15, 2023, 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 December 1, 2023, 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.							
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT		J. RENDERING PROVIDER ID #	
From			To			B. PLACE OF SERVICE		C. EMG		D. (Explain Unusual Circumstances)		E. POINTER		F. \$ CHARGES		G. UNITS		H. Family Plan		I. ID QUAL				
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER													
12	1	23	12	1	23	11				99456	W5			\$ 350.00	1					NPI				
12	1	23	12	1	23	11				99456	W5	WP			\$ 450.00	2					NPI			
12	1	23	12	1	23	11				99456	W5	MI			\$ 100.00	2					NPI			
12	1	23	12	1	23	11				99456	W6	RE			\$ 500.00	1					NPI			
12	1	23	12	1	23	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.							
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT		J. RENDERING PROVIDER ID #	
From			To			B. PLACE OF SERVICE		C. EMG		D. (Explain Unusual Circumstances)		E. POINTER		F. \$ CHARGES		G. UNITS		H. Family Plan		I. ID QUAL				
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER													
12	1	23	12	1	23	11				99456	W6	25			\$ 749.00	1					NPI			
12	1	23	12	1	23	11				99456	W5				\$ 577.00	2					NPI			
12	1	23	12	1	23	11				99456	W5	MI			\$ 128.00	2					NPI			
12	1	23	12	1	23	11				99456	W6				\$ 642.00	1					NPI			
12	1	23	12	1	23	11				99456	W8				\$ 642.00	1					NPI			
													TOTAL		\$ 2,738.00									

**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

On September 15, 2023, 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 October 1, 2023, and the injured employee does not attend the exam. After waiting 40 minutes, the designated doctor leaves and later bills for a missed appointment(see example 2).

On October 10, 2023, the same designated doctor (physician) contacts the same employee and reschedules and conducts the exam on October 15, 2023. 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 November 1, 2023.

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.		
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES		E.		F.		G.		H.		J.	
From			To			PLACE OF SERVICE		CPT/HCPCS		DIAGNOSIS POINTER		CHARGES		DAYS OR UNITS		EPSOT Family Plan		I. ID QUAL		RENDERING PROVIDER ID #				
MM	DD	YY	MM	DD	YY																			
10	15	23	10	15	23	11		99456	W5			\$ 350.00	1								NPI			
2	10	15	23	10	15	23	11	99456	W5	MI		\$ 100.00	2								NPI			
3	10	15	23	10	15	23	11	99456	W6	RE		\$ 500.00	1								NPI			
4	10	15	23	10	15	23	11	99456	W8	RE		\$ 250.00	1								NPI			
5	10	15	23	10	15	23	11	99456	W5			\$ 150.00	1								NPI			
6																						NPI		
TOTAL												\$ 1,350.00												

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		CPT/HCPCS		DIAGNOSIS POINTER		CHARGES		DAYS OR UNITS		EPSOT Family Plan		I. ID QUAL		RENDERING PROVIDER ID #				
MM	DD	YY	MM	DD	YY																			
10	15	23	11	1	23	11		99456	W5	25		\$ 749.00	1								NPI			
2	10	15	23	11	1	23	11	99456	W5	MI		\$ 128.00	2								NPI			
3	10	15	23	11	1	23	11	99456	W6			\$ 642.00	1								NPI			
4	10	15	23	11	1	23	11	99456	W8			\$ 642.00	1								NPI			
5	10	15	23	11	1	23	11	99456	W5			\$ 384.00	1								NPI			
6																						NPI		
TOTAL												\$ 2,545.00												

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