

Resources for Health Care Providers Receiving Referrals from Designated Doctors

Additional referral testing or evaluations

The designated doctor (DD) must perform additional testing when necessary to resolve the issue in question. The DD must refer an injured employee to other health care providers (referred providers) when the referral is necessary to resolve the issue in question, and the DD is not qualified to fully resolve it. 28 Texas Administrative Code Section [127.10\(c\)](#).

- Preauthorization is not required for any additional referral testing or evaluations.
- An insurance carrier may not deny the additional testing or evaluations that the DD has determined are necessary, either prospectively or retrospectively, regardless of any potential disagreements about medical necessity, extent of injury, or compensability.
- An insurance carrier may not deny a referred provider's additional testing or evaluations for being outside of a network. DDs may make referrals for a certified workers' compensation network or political subdivision claim to referred providers in network or out of network.
- An insurance carrier may review the referred provider's medical bill for issues other than medical necessity, extent of injury or compensability, for example proper billing, coding, and documentation.
- Reimbursement for additional testing or evaluations will be made according to the Texas Department of Insurance, Division of Workers' Compensation's (DWC) medical fee guidelines or according to an applicable network or political subdivision contract.
- Payment for additional referral testing or evaluations is subject to the [financial disclosure](#) requirements in 28 TAC Section [180.24](#).

Billing

Referred providers must submit their medical bills to the workers' compensation insurance carrier within 95 days from the date of service. The workers' compensation insurance billing information and assignment number will be provided on DWC's DD order form (OA32A). The assignment number **must** be on the referred provider's medical bill submitted on or after June 1, 2024 (**as proposed**).

See 28 TAC Section [133.10](#) and the example below for instructions on how to complete your medical bill.

Assignment number

The DD provides the assignment number from DWC's DD order form (0A32A) to the referred provider. This number **must** be on the referred provider's medical bill in the preauthorization field:

- CMS1500 – box 23 (professional or non-institutional medical bills).
- UB04 – box 63 (institutional medical bills).
- DWC066 – box 30 (pharmacy bills).
- 2006 Dental ADA form – box 2 (dental bills).

Questions?

If you have any questions about billing or financial disclosure, call CompConnection at 800-252-7031, option 3, or email CompConnection@tdi.texas.gov.

Professional Medical Bill (CMS1500) Example

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 05 15 2023 QUAL. 431				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Johnny Desdoc, MD				17a. OB MDQ1234TX				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
17b. NPI 1234556789				19. ADDITIONAL CLAIM INFORMATION (Describe in NUGO) Designated Doctor Referral				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO									
21. DIAGNOSIS OR NATURE OF ILLNESS A. Z04.2 E. LW27.0XXA I. B. H33.02 F. C. H15.842 G. D. H05.342 H. L. K. L.				22. RESUBMISSION CODE ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER (DWC Assignment #)									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 07 20 23 07 20 23		B. PLACE OF SERVICE EMG		C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 99172		E. DIAGNOSIS POINTER ABCDE		F. \$ CHARGES 630 00		G. DAYS OR UNITS 1		H. ICD-9-CM Family Filter NPI		I. QUAL NPI		J. RENDERING PROVIDER ID. #	

Optional

Required DWC 12-digit assignment # from DD to referred provider.

DD Order (OA32A) Example



Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Injured employee: [Injured employee name]
DWC #: [DWC claim number]
Date of injury: [DOI mm/dd/yyyy]
Employer: [employer name]
Insurance carrier: [carrier name]
Insurance carrier claim #: [carrier claim number]
DD Assignment #: [DD appointment ID]
Date: [letter date mm/dd/yyyy]

DWC 12-digit assignment # given to DD from DWC.

Workers' compensation insurance carrier billing information.

[Addressee's Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]

Insurance carrier medical bill processing contact information:

DD assignment #: [DWC claim number + DD + Sequence number]

Business name: [Name]

Mailing address: [Address]

Phone number: [Phone number]

Fax number: [Fax number]

Email address: [Email address]