WORKERS' COMP

BOOT CAMP

Training

PART 1

EXPLORER

2025

MEDICAL DOCUMENTATION

for

TREATING PROVIDERS

TDI Division of Workers' Compensation

Day 6

WORKERS' COMP
BOOT CAMP
Training
PART 1
EXPLORER
2025

MEDICAL DOCUMENTATION
for
TREATING PROVIDERS

Learning Objectives

- Explore the goals, legislative intent, and treatment guidelines of the Texas Workers' Compensation system.
- Apply standards for accurate and compliant medical documentation.
- Understand the process for monitoring healthcare quality and benefits delivery.

Medical Documentation for Treating Providers

Division of Workers' Compensation
2025

Overview

- Goals and legislative intent of the Texas workers' compensation system.
- General standards for medical documentation.
- Documentation related to a workers' compensation claim for benefits.
- Treatment guidelines.
- Documentation supporting billed charges.
- Monitoring the delivery of medical benefits and quality of health care.

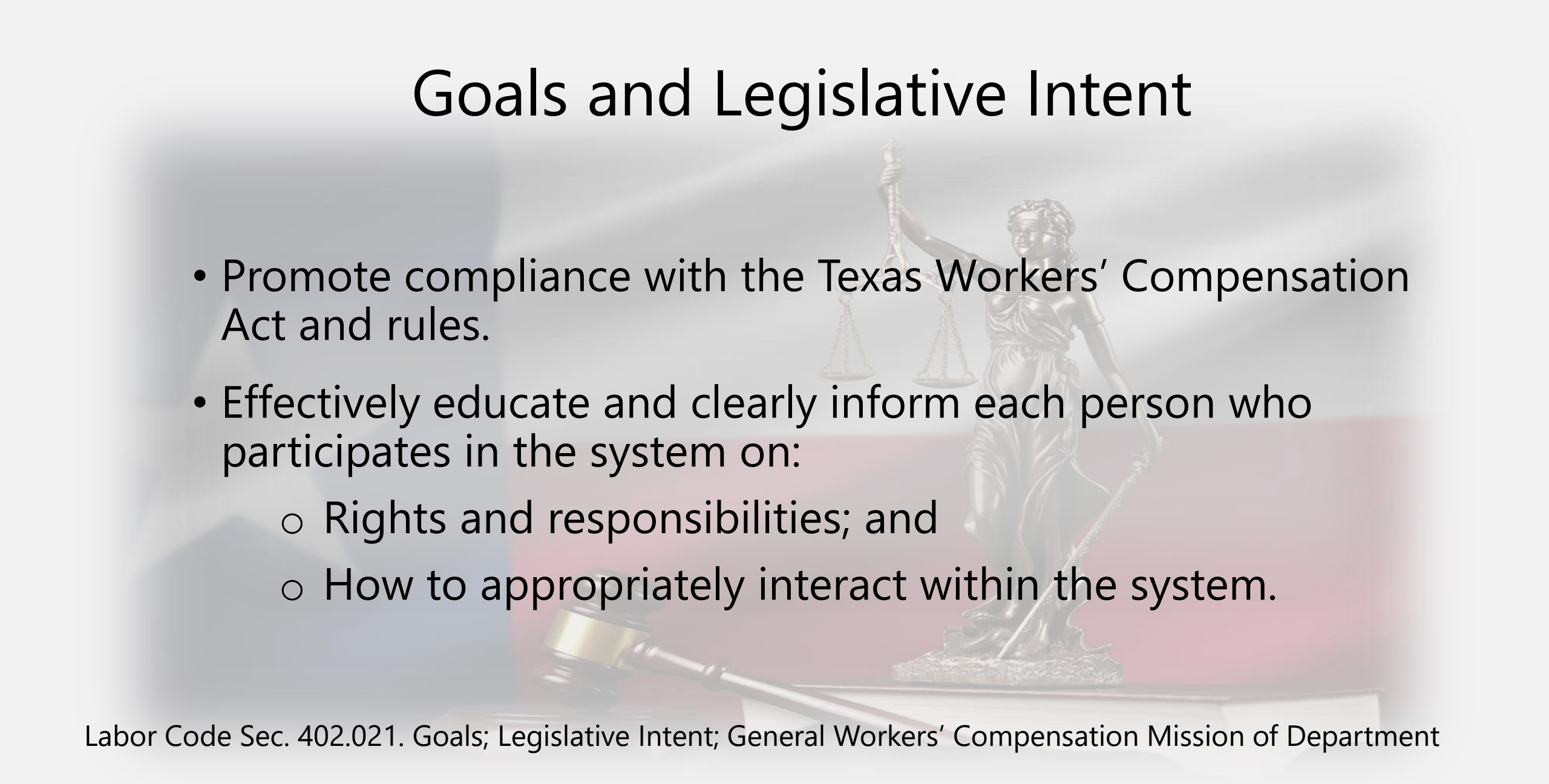
Goals and Legislative Intent

Goals and Legislative Intent

- Provide timely, appropriate, and high-quality medical care supporting restoration of the injured employee's physical condition and earning capacity.
- Encourage the safe and timely return of injured employees to productive roles in the workplace as soon as the employee's health care provider considers it safe and appropriate.
- Minimize the likelihood of disputes and resolve them promptly and fairly when identified.

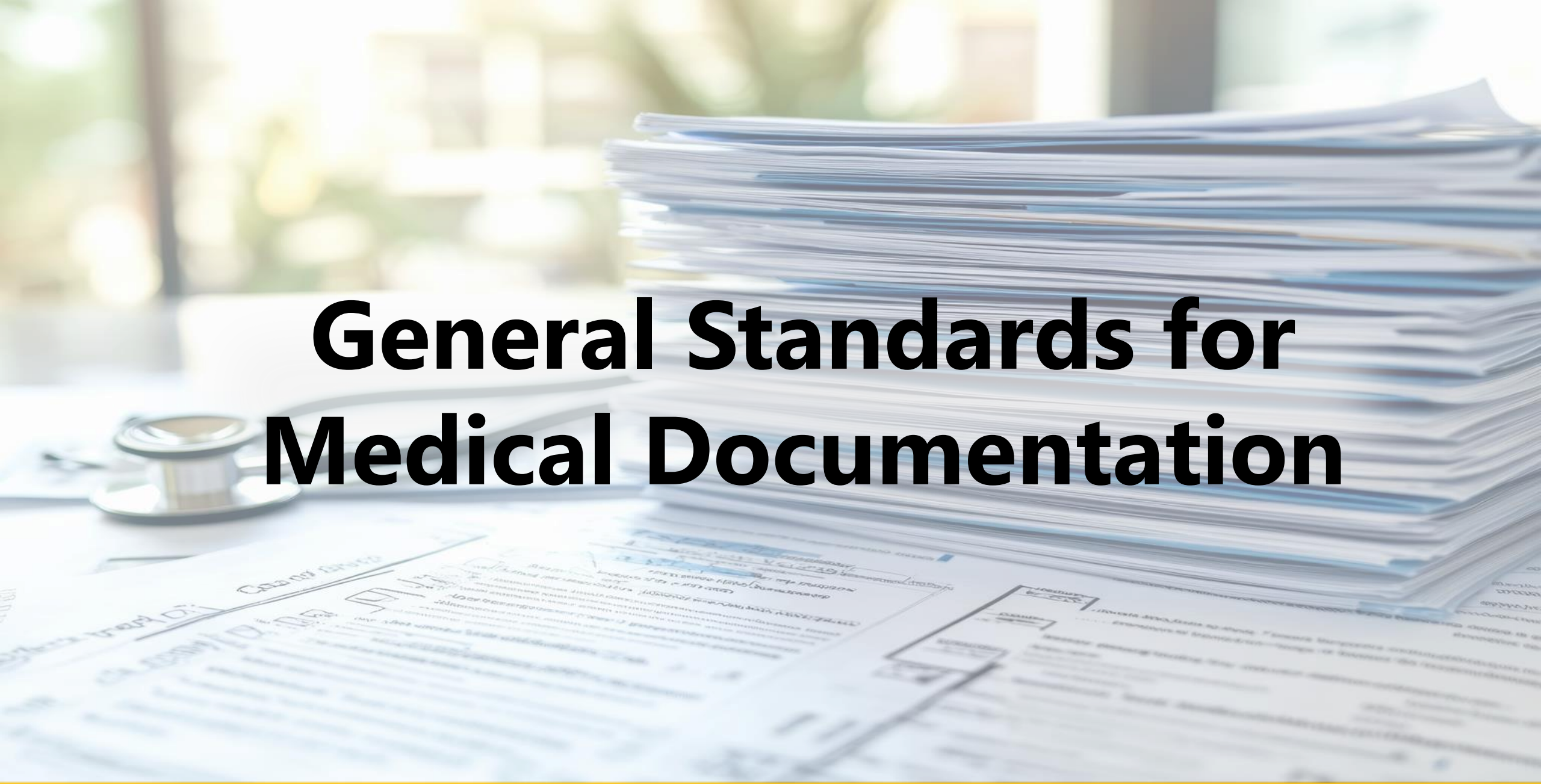
Labor Code Sec. 402.021. Goals; Legislative Intent; General Workers' Compensation Mission of Department

Goals and Legislative Intent



- Promote compliance with the Texas Workers' Compensation Act and rules.
- Effectively educate and clearly inform each person who participates in the system on:
  - Rights and responsibilities; and
  - How to appropriately interact within the system.

Labor Code Sec. 402.021. Goals; Legislative Intent; General Workers' Compensation Mission of Department



General Standards for Medical Documentation

Why is documentation important?

An appropriately documented medical record may:

- Facilitate accurate and timely medical bill review and payment.
- Reduce "hassles" associated with medical bill processing.
- Serve as a legal document to verify the care provided, if necessary.

“If you didn’t document it, it’s the same as if you didn’t do it.”
- CMS

Why do we use CMS?

To achieve standardization, the commissioner shall adopt the most current reimbursement methodologies, models, and values or weights used by the federal Centers for Medicare and Medicaid Services, including applicable payment policies relating to coding, billing, and reporting.

Labor Code Sec. 413.011. Reimbursement Policies and Guidelines; Treatment Guidelines and Protocols

General Documentation Guidelines

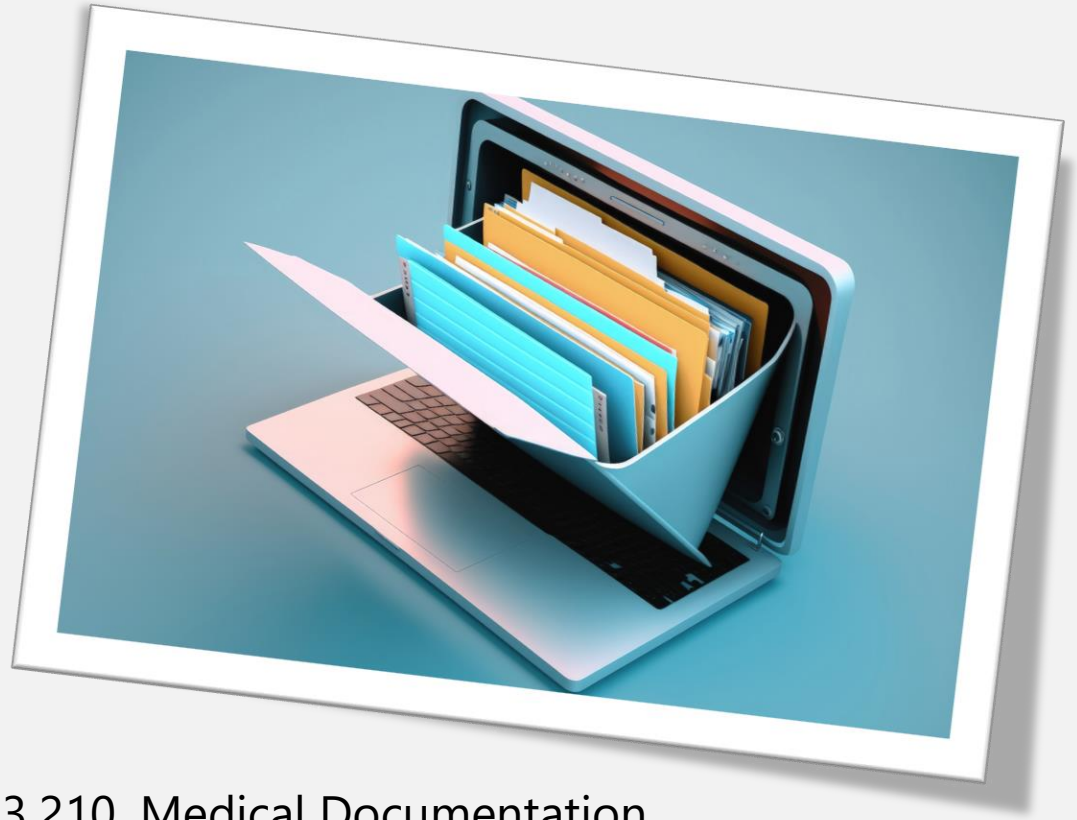
- Must be a complete and legible record.
- **Date and legible signature of the provider is required.**
- Services billed should be supported by medical record documentation.
- All medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided.

Medical Documentation Novitas-Solutions.com

Workers' Compensation Medical Documentation

Medical documentation includes all medical reports and records such as:

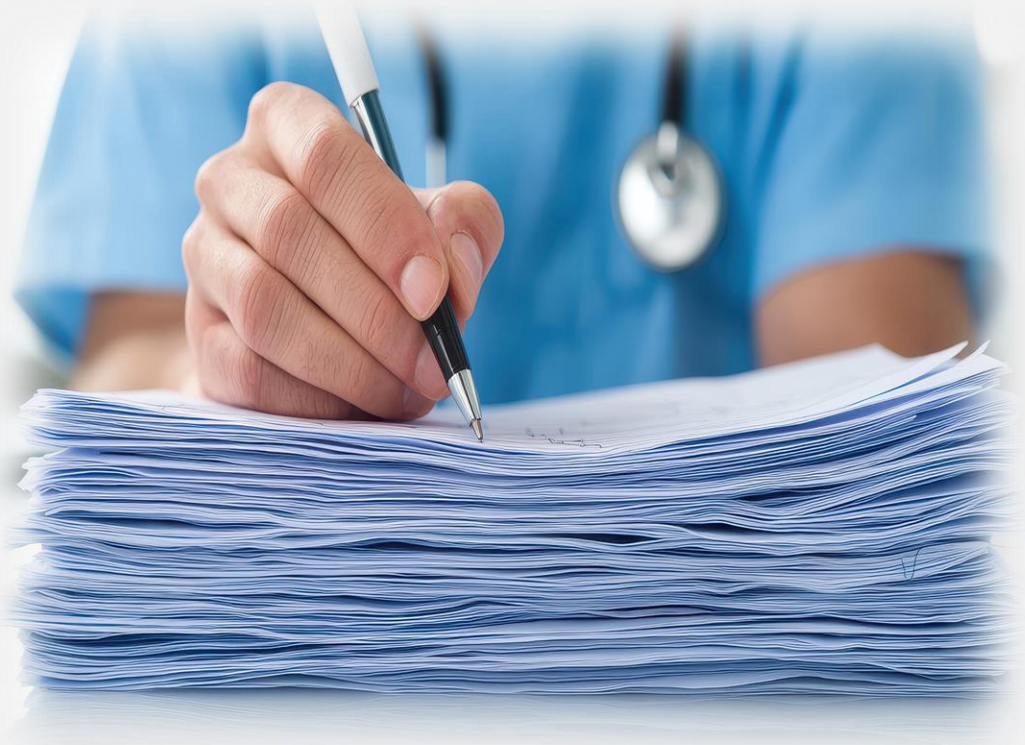
- Evaluation reports.
- Narrative reports.
- Assessment reports.
- Progress report/notes.
- Clinical notes.
- Hospital records.
- Diagnostic test result(s).



28 TAC Sec. 133.210. Medical Documentation

Workers' Compensation
Medical Documentation

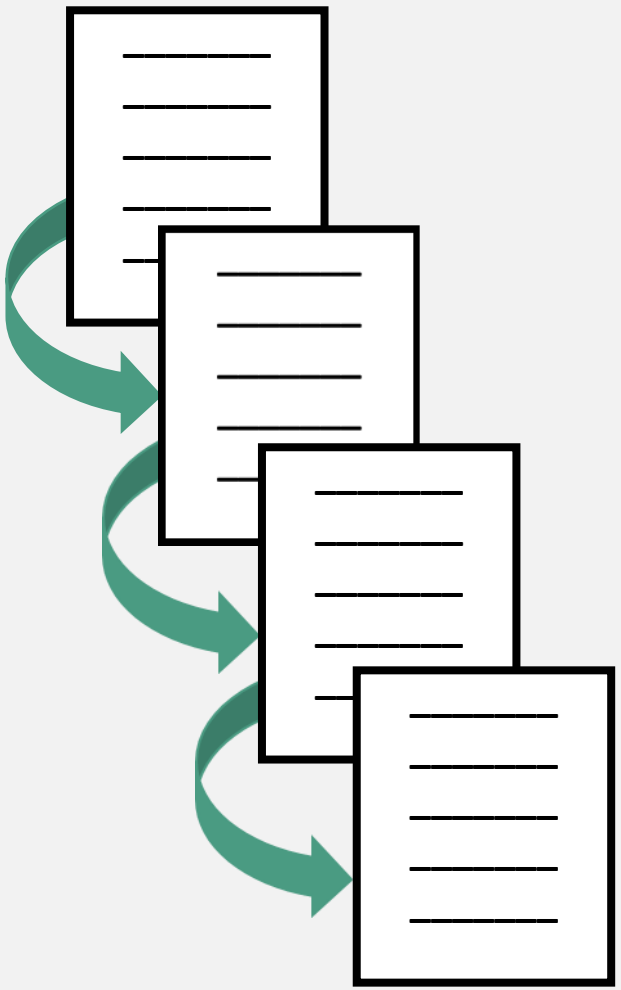
- All required medical documentation must be legible.
- A health care provider must submit certain documentation with the medical bill, unless previously provided to the insurance carrier or its agents.
- Workers' compensation health care networks may decrease the documentation requirements.



28 TAC Sec. 133.210. Medical Documentation

Copy and Paste

(also referred to as cloning or cookie cutter)



Selecting data from an original or previous source to reproduce in another location:

- **Copy forward** replicates all or some information from a previous note to the current note.
- **Cut and paste** removes source text or data from original location to another location.

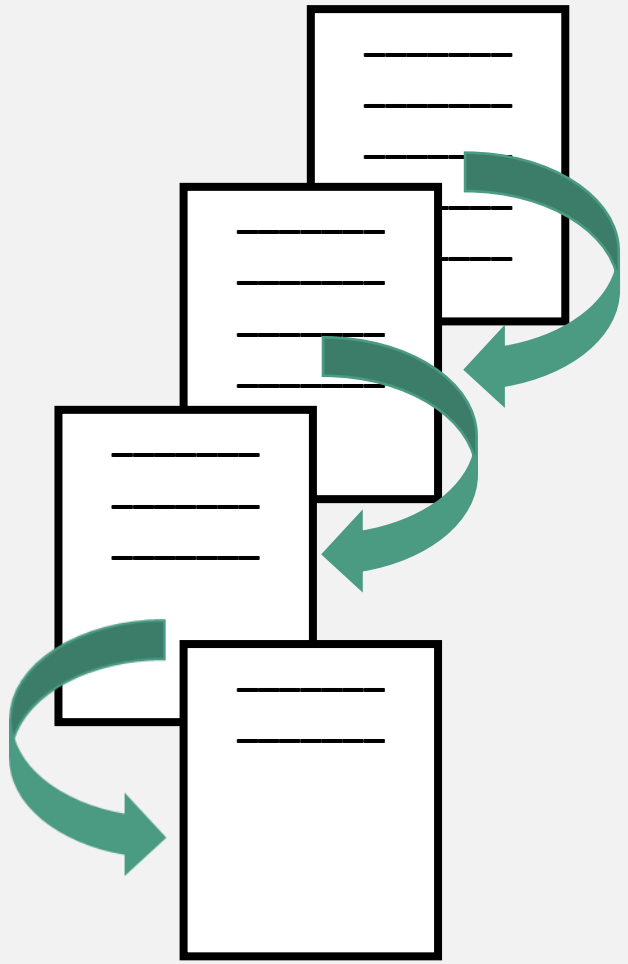
CMS Table 1. Electronic Health Record (EHR) Proper Use Decision Table (cms.gov)

Copy and Paste Risks

Missing specific information necessary to support services rendered to each patient.

This can affect the quality of care and can cause improper payments due to:

- False impression of services provided to the patient.
- Coding from old or outdated information that may lead to “upcoding.”



Ensuring Proper Use of Electronic Health Record Features and Capabilities Decision Table

Signature Requirements

Handwritten or electronic signatures are required upon medical review:

1. To satisfy specific signature requirements in statute, regulation, national coverage determination (NCD), or local coverage determination (LCD); and
2. To resolve authenticity concerns related to the legitimacy or falsity of the documentation.

Medicare Program Integrity Manual (3.3.2.4)

Texas Workers' Compensation Signature Requirements

- The signature of the physician or supplier, the degrees or credentials, and the date is required on the medical bills.
- The certifying doctor must sign the Report of Medical Evaluation (DWC069) using a rubber stamp signature or an electronic facsimile signature of their personal signature.

28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment
28 TAC Sec. 133.10. Required Billing Forms/Formats

Amendments and Corrections

Recordkeeping principles for amendments, corrections, and delayed entries:

- Clearly identify any amendment, correction, or delayed entry.
- Clearly identify the original content and the modified content (do not delete).
- Clearly indicate the date and author of each modification of the record.

Correction

Amendment

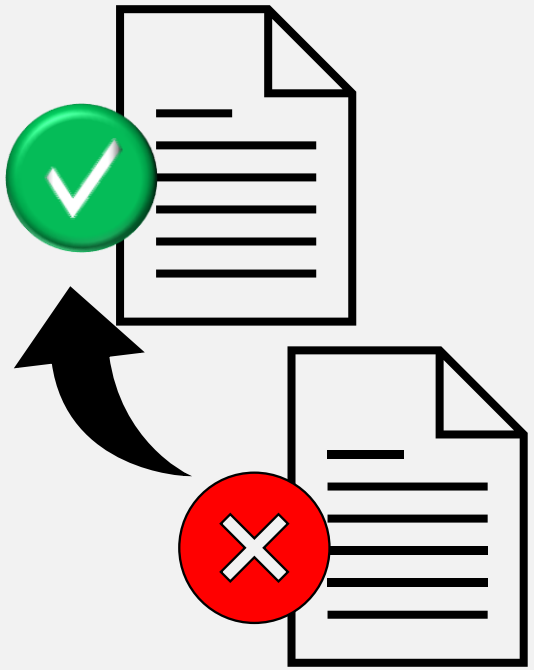
Clarification

Revision

Modification

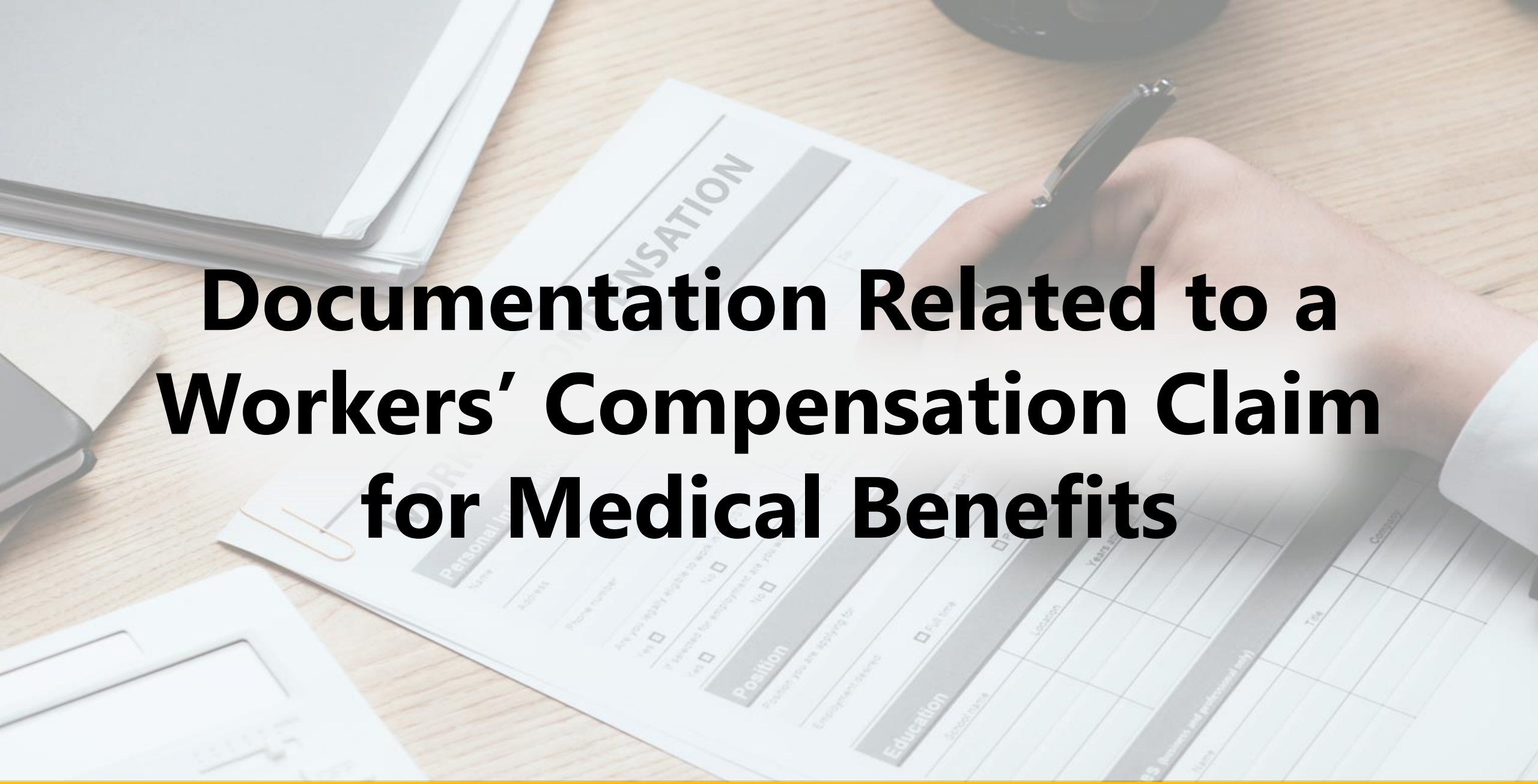
Medical Documentation: Amendments, Corrections, and Delayed Entries Novitas-Solutions.com

Amendments and Corrections



Any amendment, supplementation, change, or correction in a medical record not made at the time of the encounter must be noted by clearly indicating the change or correction along with date and time.

22 TAC, Subchapter A, Sec.163.1. Medical Records



Documentation Related to a Workers' Compensation Claim for Medical Benefits

Medical Services

The following medical services are presumed to be reasonable:

- Medical services consistent with medical policies (treatment guidelines); and
- Medical services that the insurance carrier approves through utilization review.

Labor Code Sec. 413.017. Presumption of Reasonableness

Insurance Code Sec. 1305.304. Guidelines and Protocols

Medical Care

Treatment **guidelines** must be:

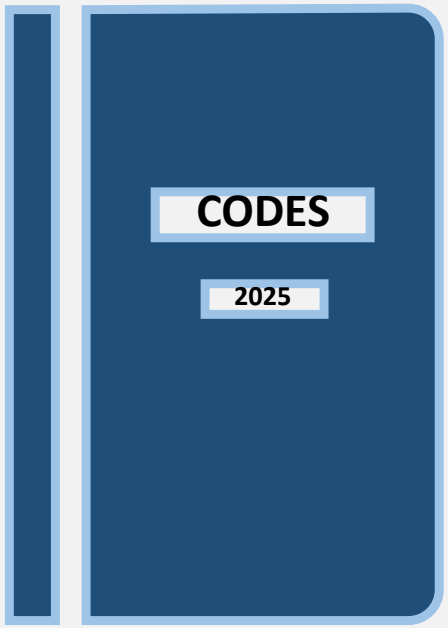
- Evidence-based.
- Scientifically valid.
- Outcome-focused.
- Designed to reduce excessive or inappropriate medical care while safeguarding necessary medical care.

Labor Code Sec. 413.011. Reimbursement Policies and Guidelines; Treatment Guidelines and Protocols

Insurance Code Sec. 1305.304. Guidelines and Protocols

Correct Billing Codes

Professional medical bills require the most current Level I (CPT codes) and Level II (HCPCs) codes.



To bill any code, the:

- Services you provide must meet the definition of the code.
- Codes must reflect the services you provide.

28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services

Selecting Levels of Evaluation and Management (E/M) Services

A health care provider selects the appropriate CPT code level for E/M services based on:

- The level of the medical decision making as defined for each service; or
- The total time for E/M services performed on the date of the encounter.

2023 CPT E/M descriptors and guidelines (ama-assn.org)

MLN906764 Evaluation and Management Services Guide 2023-08 (cms.gov)

E/M Based on Total Time

New Pt Code	Time	Est Pt Code	Time
99202	15 minutes must be met or exceeded	99212	10 minutes must be met or exceeded
99203	30 minutes must be met or exceeded	99213	20 minutes must be met or exceeded
99204	45 minutes must be met or exceeded	99214	30 minutes must be met or exceeded
99205	60 minutes must be met or exceeded	99215	40 minutes must be met or exceeded

Elements of Medical Decision Making (MDM)

- Number and complexity of problems addressed.
- Amount and complexity of data to be reviewed and analyzed.
- Risk of complications and morbidity or mortality of patient management.

Table 2 – CPT E/M Office Revisions Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making: Number and Complexity of Problems Addressed	Elements of Medical Decision Making: Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Elements of Medical Decision Making: Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • **1** self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• **2** or more self-limited or minor problems;
		or
		• **1** stable chronic illness;
		or
		• **1** acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  • Review of prior external note(s) from each unique source*;
			  • review of the result(s) of each unique test*;
			  • ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

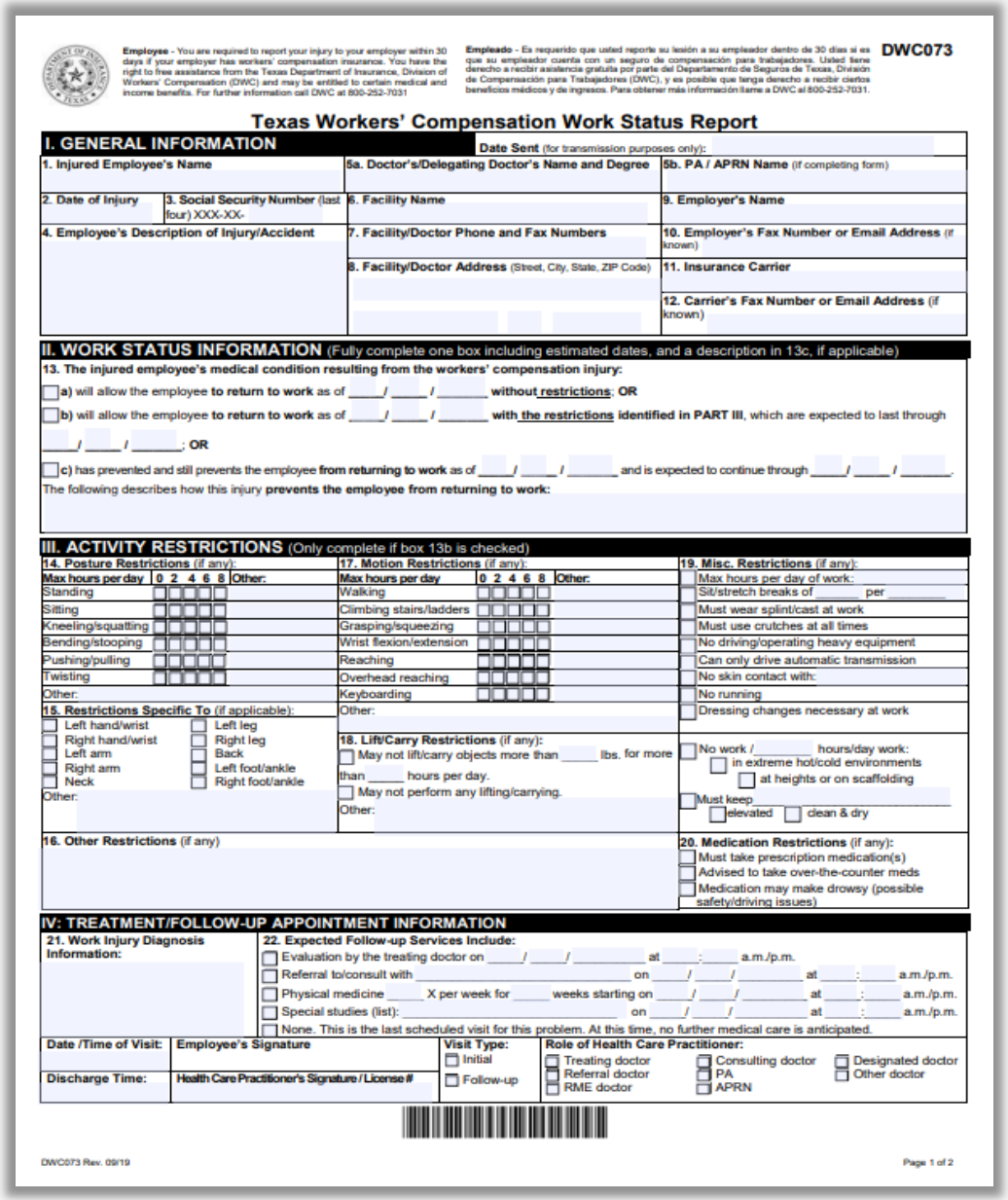
99205
99215
	High	**High**
		• **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;
		or
		• **1** acute or chronic illness or injury that poses a threat to life or bodily function
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

[CPT E/M Office Revisions | AMA]

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 and 99212	**Straightforward**	**Minimal** • 1 self-limited or minor problem
99203 and 99213	**Low**	**Low** • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury
99204 and 99214	**Moderate**	**Moderate** • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury
99205 and 99215	**High**	**High** • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function

Code	Level of MDM	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.
99202 and 99212	Straightforward	Minimal or none
99203 and 99213	Low	**Limited** (Must meet the requirements of at least 1 of the 2 categories) **Category 1: Tests and documents** **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or **Category 2: Assessment requiring an independent historian(s)** (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high
99204 and 99214	Moderate	**Moderate** (Must meet the requirements of at least 1 out of 3 categories) **Category 1: Tests, documents, or independent historian(s)** **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
99205 and 99215	High	**High** (Must meet the requirements of at least 2 out of 3 categories) **Category 1: Tests, documents, or independent historian(s)** • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or **Category 2: Independent interpretation of tests** • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or **Category 3: Discussion of management or test interpretation** • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 and 99212	**Straightforward**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
99203 and 99213	**Low**	**Low risk of morbidity from additional diagnostic testing or treatment**
99204 and 99214	**Moderate**	**Moderate risk of morbidity from additional diagnostic testing or treatment** Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 and 99215	**High**	**High risk of morbidity from additional diagnostic testing or treatment** Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION — **Date Sent** (for transmission purposes only):

1. Injured Employee's Name	5a. Doctor's/Delegating Doctor's Name and Degree	5b. PA / APRN Name (if completing form)
2. Date of Injury / 3. Social Security Number (last four) XXX-XX-	6. Facility Name	9. Employer's Name
4. Employee's Description of Injury/Accident	7. Facility/Doctor Phone and Fax Numbers	10. Employer's Fax Number or Email Address (if known)
	8. Facility/Doctor Address (Street, City, State, ZIP Code)	11. Insurance Carrier
		12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ a) will allow the employee **to return to work** as of ____/____/_____ **without restrictions**; **OR**

☐ b) will allow the employee **to return to work** as of ____/____/_____ **with the restrictions identified in PART III**, which are expected to last through ____/____/_____; **OR**

☐ c) has prevented and still prevents the employee **from returning to work** as of ____/____/_____ and is expected to continue through ____/____/_____.

The following describes how this injury **prevents the employee from returning to work:**

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Standing	☐	☐	☐	☐	☐	
Sitting	☐	☐	☐	☐	☐	
Kneeling/squatting	☐	☐	☐	☐	☐	
Bending/stooping	☐	☐	☐	☐	☐	
Pushing/pulling	☐	☐	☐	☐	☐	
Twisting	☐	☐	☐	☐	☐	
Other:						

15. Restrictions Specific To (if applicable):

☐ Left hand/wrist ☐ Left leg
☐ Right hand/wrist ☐ Right leg
☐ Left arm ☐ Back
☐ Right arm ☐ Left foot/ankle
☐ Neck ☐ Right foot/ankle

Other:

17. Motion Restrictions (if any):

Max hours per day	0	2	4	6	8	Other:
Walking	☐	☐	☐	☐	☐	
Climbing stairs/ladders	☐	☐	☐	☐	☐	
Grasping/squeezing	☐	☐	☐	☐	☐	
Wrist flexion/extension	☐	☐	☐	☐	☐	
Reaching	☐	☐	☐	☐	☐	
Overhead reaching	☐	☐	☐	☐	☐	
Keyboarding	☐	☐	☐	☐	☐	

Other:

18. Lift/Carry Restrictions (if any):

☐ May not lift/carry objects more than _____ lbs. for more than _____ hours per day.

☐ May not perform any lifting/carrying.

Other:

19. Misc. Restrictions (if any):

☐ Max hours per day of work:
☐ Sit/stretch breaks of _____ per _____
☐ Must wear splint/cast at work
☐ Must use crutches at all times
☐ No driving/operating heavy equipment
☐ Can only drive automatic transmission
☐ No skin contact with:
☐ No running
☐ Dressing changes necessary at work
☐ No work / _____ hours/day work:
☐ in extreme hot/cold environments
☐ at heights or on scaffolding
☐ Must keep _____ ☐ elevated ☐ clean & dry

16. Other Restrictions (if any)

20. Medication Restrictions (if any):

☐ Must take prescription medication(s)
☐ Advised to take over-the-counter meds
☐ Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:

22. Expected Follow-up Services Include:

☐ Evaluation by the treating doctor on ____/____/_____ at ____:____ a.m./p.m.
☐ Referral to/consult with _____ on ____/____/_____ at ____:____ a.m./p.m.
☐ Physical medicine _____ X per week for _____ weeks starting on ____/____/_____ at ____:____ a.m./p.m.
☐ Special studies (list): _____ on ____/____/_____ at ____:____ a.m./p.m.
☐ None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

Date /Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
Discharge Time:	Health Care Practitioner's Signature / License #	☐ Initial ☐ Follow-up	☐ Treating doctor ☐ Consulting doctor ☐ Designated doctor ☐ Referral doctor ☐ PA ☐ Other doctor ☐ RME doctor ☐ APRN

DWC073 Rev. 09/19

Page 1 of 2

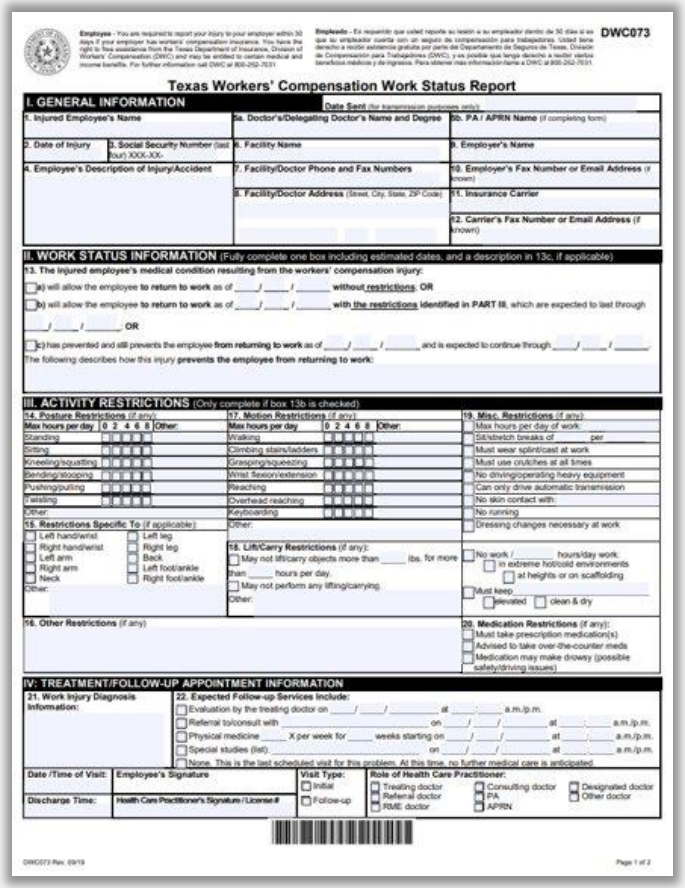
DWC Form-073, *Work Status Report*

Documenting the Injured Employee's Ability to Work

DWC Form-073, *Work Status Report*

The injured employee can:

- Work without restrictions.
- Work with restrictions. Indicate activity restrictions.
- Not work in any capacity. Explain how the injury prevents the injured employee from returning to work.



DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

IV. TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

[28 TAC Sec. 129.5. Work Status Reports]

Work Status Information

Employee **is unable to work** - insufficient documentation

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 09-01-2024

1. Injured Employee's Name: Augusta Wind	5a. Doctor's/Delegating Doctor's Name and Degree: Wiley Waites MD	5b. PA / APRN Name (if completing form): Yard of the Month Company
2. Date of Injury: 09-01-2024 / 3. Social Security Number (last four) XXX-XX-: 0123	6. Facility Name: Any Medical Clinic	9. Employer's Name: 444-555-6789
4. Employee's Description of Injury/Accident: Fell into a truck at worksite with cut to right lower leg.	7. Facility/Doctor Phone and Fax Numbers: 316-262-1492 / 316-262-1493	10. Employer's Fax Number or Email Address (if known): Theo Suess, APRN
	8. Facility/Doctor Address (Street, City, State, ZIP Code): 900 E. Mulberry Street, Whoville TX 99999	11. Insurance Carrier: 555-444-3210
		12. Carrier's Fax Number or Email Address (if known): Wonka Insurance Company

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ **a)** will allow the employee **to return to work** as of ____/____/____ **without restrictions**; **OR**

☐ **b)** will allow the employee **to return to work** as of ____/____/____ **with the restrictions identified in PART III**, which are expected to last through ____/____/____; **OR**

☒ **c)** has prevented and still prevents the employee **from returning to work** as of 10 / 02 / 2024 and is expected to continue through 11 / 02 / 2024.

The following describes how this injury **prevents the employee from returning to work:**

Pain

Not a sufficient explanation....

Work Status Information

Employee **is unable to work** - sufficient documentation

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION

Date Sent (for transmission purposes only): 09-01-2022

1. Injured Employee's Name: Augusta Wind	5a. Doctor's/Delegating Doctor's Name and Degree: Wiley Waites MD	5b. PA / APRN Name (if completing form): Theo Suess, APRN
2. Date of Injury: 09-01-2024 / 3. Social Security Number (last four) XXX-XX-: 0123	6. Facility Name: Any Medical Clinic	9. Employer's Name: Yard of the Month Company
4. Employee's Description of Injury/Accident: Severe rotator cuff tear, right shoulder, sustained while lifting heavy object.	7. Facility/Doctor Phone and Fax Numbers: 316-262-1492 / 316-262-1493	10. Employer's Fax Number or Email Address (if known): 555-444-3210
	8. Facility/Doctor Address (Street, City, State, ZIP Code): 900 E. Mulberry Street, Whoville TX 99999	11. Insurance Carrier: Wonka Insurance Company
		12. Carrier's Fax Number or Email Address (if known): 444-555-6789

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

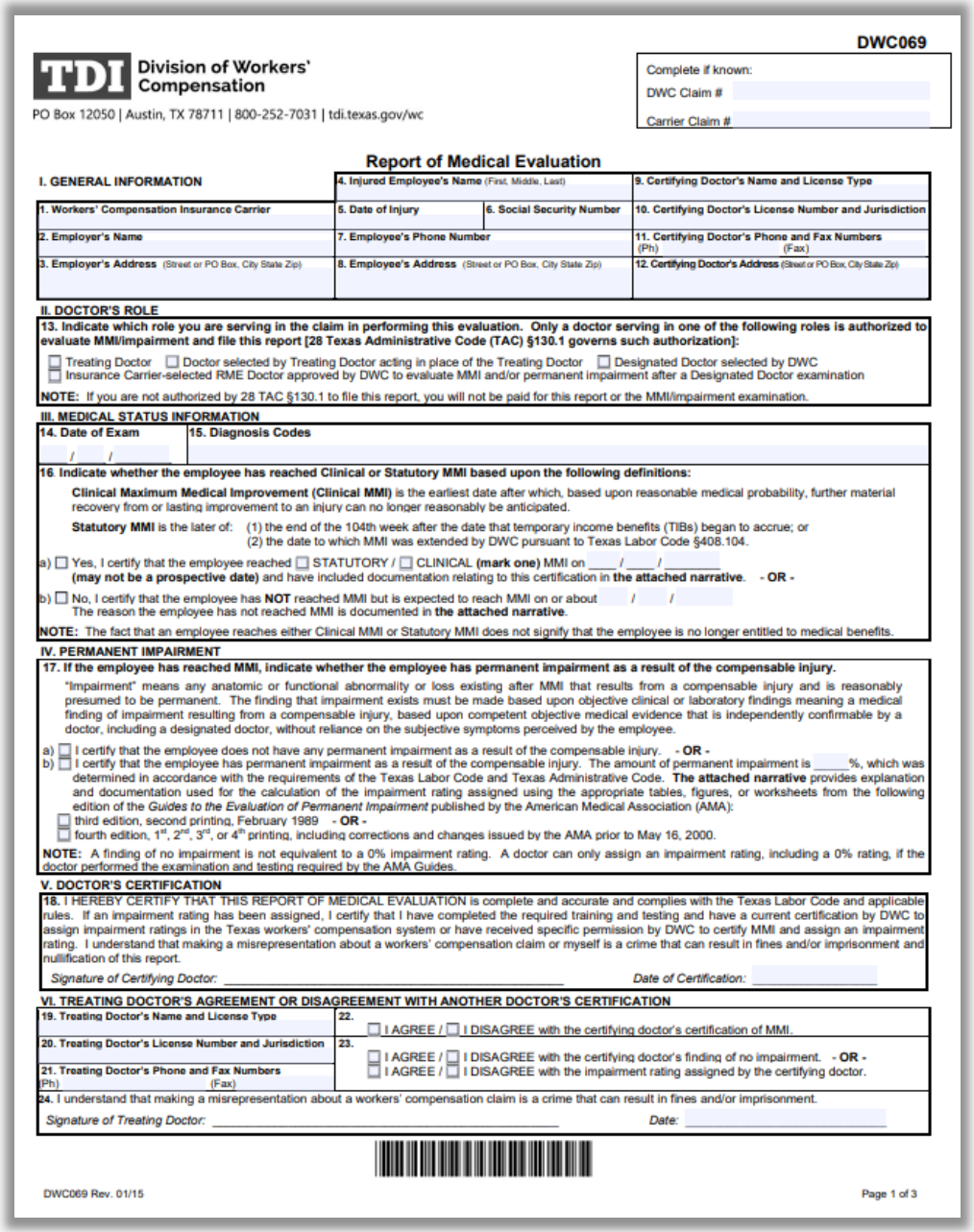
☐ **a)** will allow the employee **to return to work** as of _____/_____/_____ **without restrictions**; **OR**

☐ **b)** will allow the employee **to return to work** as of _____/_____/_____ **with the restrictions identified in PART III**, which are expected to last through _____/_____/_____; **OR**

☒ **c)** has prevented and still prevents the employee **from returning to work** as of 10 / 02 / 2024 and is expected to continue through 11 / 02 / 2024.

The following describes how this injury **prevents the employee from returning to work:**

Post-operative rt shoulder surgery, on medication that prevents driving and/or operating heavy machines and lifting, open wound protection, limited medical rest needed



DWC069

TDI Division of Workers' Compensation

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

Complete if known:
DWC Claim #
Carrier Claim #

Report of Medical Evaluation

I. GENERAL INFORMATION

1. Workers' Compensation Insurance Carrier	4. Injured Employee's Name (First, Middle, Last)		9. Certifying Doctor's Name and License Type
2. Employer's Name	5. Date of Injury	6. Social Security Number	10. Certifying Doctor's License Number and Jurisdiction
3. Employer's Address (Street or PO Box, City State Zip)	7. Employee's Phone Number		11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)
	8. Employee's Address (Street or PO Box, City State Zip)		12. Certifying Doctor's Address (Street or PO Box, City State Zip)

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

☐ Treating Doctor ☐ Doctor selected by Treating Doctor acting in place of the Treating Doctor ☐ Designated Doctor selected by DWC
☐ Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam	15. Diagnosis Codes
/ /	

16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a) ☐ Yes, I certify that the employee reached ☐ STATUTORY / ☐ CLINICAL **(mark one)** MMI on ____/____/____ **(may not be a prospective date)** and have included documentation relating to this certification in **the attached narrative**. **- OR -**

b) ☐ No, I certify that the employee has **NOT** reached MMI but is expected to reach MMI on or about / / The reason the employee has not reached MMI is documented in **the attached narrative**.

NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT

17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) ☐ I certify that the employee does not have any permanent impairment as a result of the compensable injury. **- OR -**
b) ☐ I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. **The attached narrative** provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):
☐ third edition, second printing, February 1989 **- OR -**
☐ fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor: _____ *Date of Certification:*

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type	22. ☐ I AGREE / ☐ I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. ☐ I AGREE / ☐ I DISAGREE with the certifying doctor's finding of no impairment. **- OR -** ☐ I AGREE / ☐ I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)	

24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: _____ *Date:*

DWC069 Rev. 01/15

Page 1 of 3

DWC Form-069, *Report of Medical Evaluation*

Authorized Doctors

DWC Form-069, *Report of Medical Evaluation*

Doctors serving in the following roles may be authorized as:

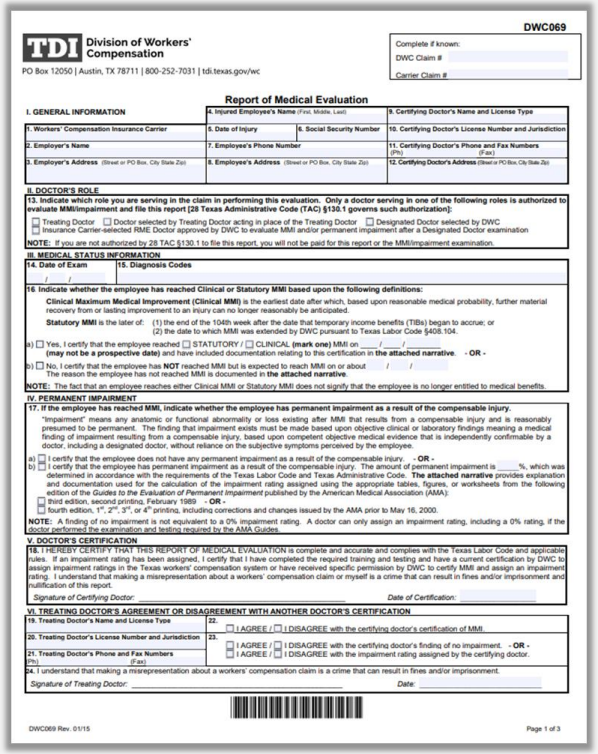
- The treating doctor (or a doctor to whom the treating doctor has referred the injured employee for evaluation of MMI and/or permanent whole-body impairment in the place of the treating doctor);
- A designated doctor; or
- A required medical examination doctor selected by the insurance carrier.

28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment

DWC Form-069, *Report of Medical Evaluation*

Certification of MMI, determination of permanent impairment, and assignment of an impairment rating (if permanent impairment exists) for the compensable injury:

- Must be signed by the certifying doctor. The certifying doctor may use a rubber stamp signature or an electronic facsimile signature of the certifying doctor's personal signature.
- Include an attached narrative report.



DWC069

TDI Division of Workers' Compensation

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

Complete if known:
DWC Claim #
Carrier Claim #

Report of Medical Evaluation

I. GENERAL INFORMATION

4. Injured Employee's Name (First, Middle, Last) | 9. Certifying Doctor's Name and License Type
1. Workers' Compensation Insurance Carrier | 5. Date of Injury | 6. Social Security Number | 10. Certifying Doctor's License Number and Jurisdiction
2. Employer's Name | 7. Employee's Phone Number | 11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)
3. Employer's Address (Street or PO Box, City State Zip) | 8. Employee's Address (Street or PO Box, City State Zip) | 12. Certifying Doctor's Address (Street or PO Box, City State Zip)

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

☐ Treating Doctor ☐ Doctor selected by Treating Doctor acting in place of the Treating Doctor ☐ Designated Doctor selected by DWC
☐ Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam | 15. Diagnosis Codes

16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a) ☐ Yes, I certify that the employee reached ☐ STATUTORY / ☐ CLINICAL **(mark one)** MMI on ___/___/___ **(may not be a prospective date)** and have included documentation relating to this certification in **the attached narrative**. - OR -

b) ☐ No, I certify that the employee has **NOT** reached MMI but is expected to reach MMI on or about ___/___/___. The reason the employee has not reached MMI is documented in **the attached narrative**.

NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT

17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) ☐ I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -

b) ☐ I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. **The attached narrative** provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):
☐ third edition, second printing, February 1989 - OR -
☐ fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor: _____ *Date of Certification:* _____

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type | 22. ☐ I AGREE / ☐ I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction | 23. ☐ I AGREE / ☐ I DISAGREE with the certifying doctor's finding of no impairment. - OR - ☐ I AGREE / ☐ I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)
24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: _____ *Date:* _____

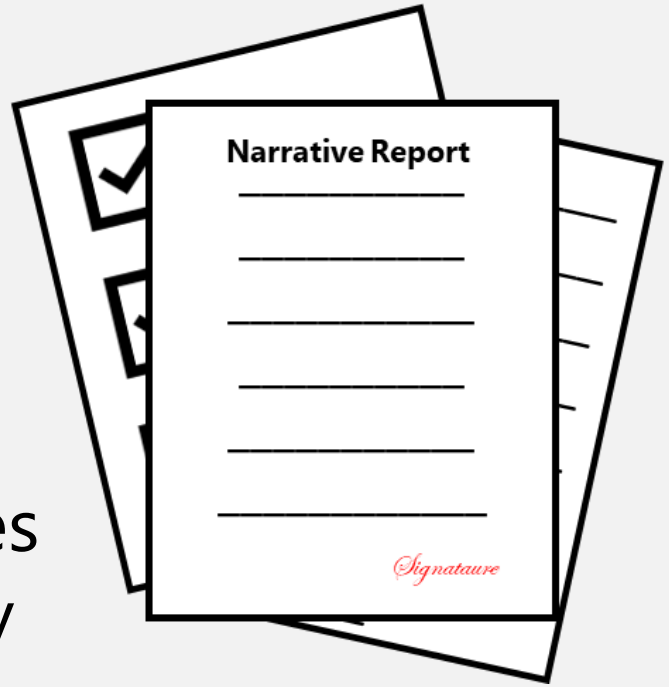
DWC069 Rev. 01/15 Page 1 of 3

28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment

DWC Form-069, *Report of Medical Evaluation*

The narrative report must include:

- the date of the certifying examination;
- the date of MMI;
- findings of the certifying examination; and
- the history of the medical condition that outlines the course of the injury and correlates the injury to the medical treatment; (continued)



28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment

DWC Form-069, *Report of Medical Evaluation*

The narrative report must include (continued):

- current clinical status;
- diagnosis and clinical findings of permanent impairment;
- the edition of the AMA Guides used in assigning the impairment rating (if the injured employee has permanent impairment).

Designated doctor narrative report and form requirements

28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment

DWC69 Narrative Report Deficiencies

Common documentation errors:

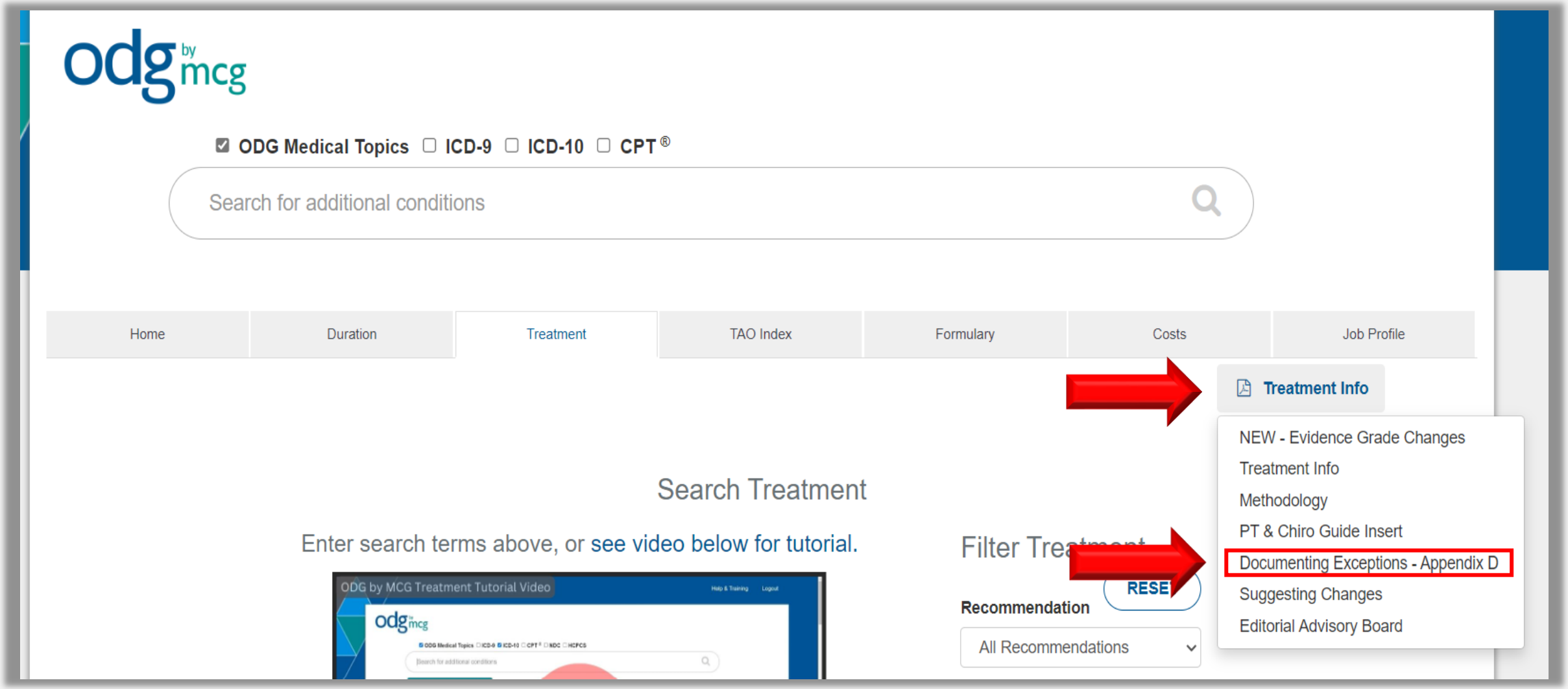
- Missing current clinical status. 28 TAC Sec. 130.1(d)(1)(B)(v).
- Missing the diagnosis and clinical findings of permanent impairment. 28 TAC Sec. 130.1(d)(1)(B)(vi).
- Missing findings from the certifying examination, including both normal and abnormal findings related to the compensable injury and an explanation of the analysis performed to find whether MMI was reached. 28 TAC Sec. 130.1(d)(1)(B)(iii).
- Missing a description and explanation of specific clinical findings related to each impairment, including 0% impairment ratings and how the findings relate to and compare with the criteria described in the applicable chapter of the AMA guides. 28 TAC Sec. 130.1(c)(3)(D)(i) and 130.1(d)(1)(B)(vi).
- Missing an explanation of the doctor's inability to obtain required measurements for an impairment rating. 28 TAC Sec. 130.1(c)(3)(D)(ii).

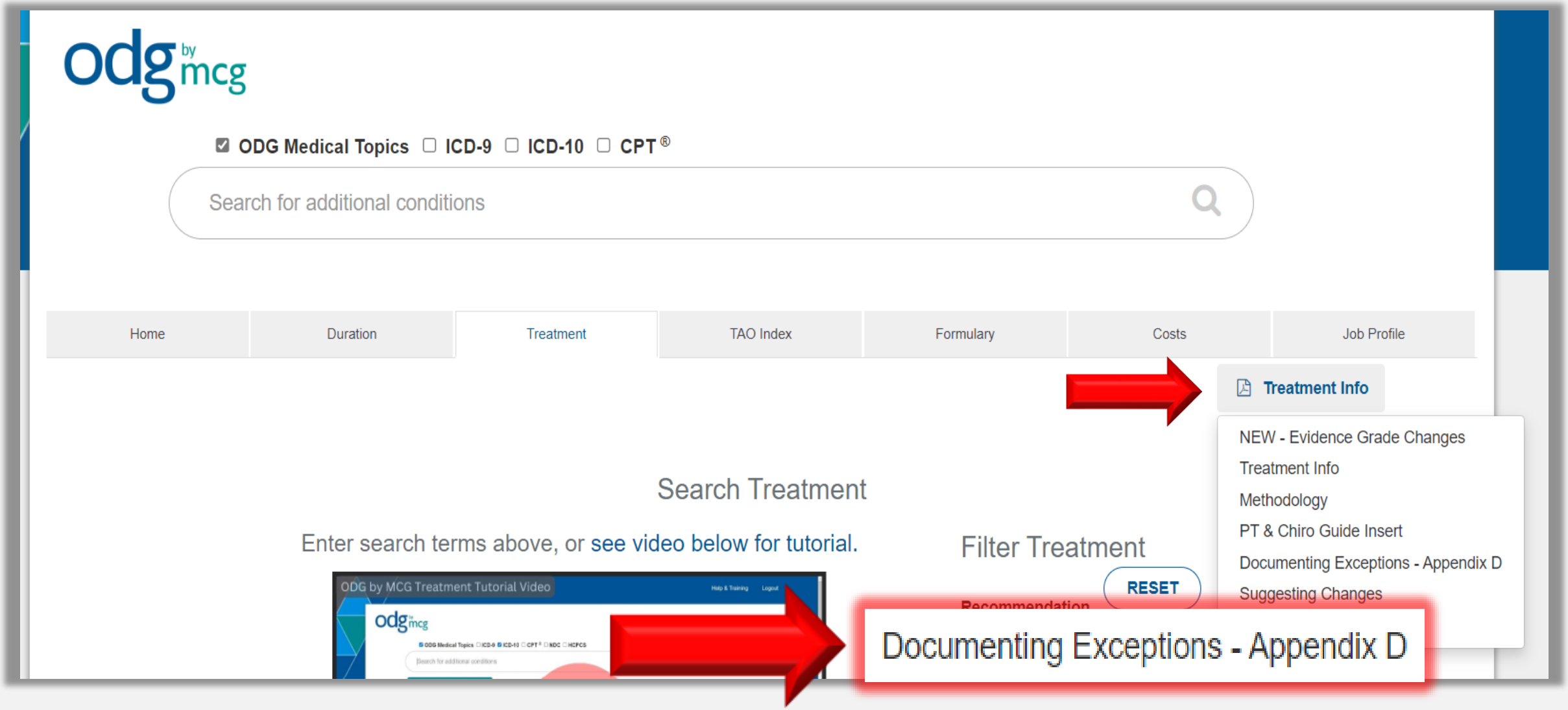
Treatment Guidelines

Documenting Medical Necessity and Appropriateness of Health Care

Non-Network Treatment Guidelines

Official Disability Guidelines – Treatment in Workers' Comp (ODG)


odg by mcg
ODG Medical Topics
ICD-9
ICD-10
CPT®
Search for additional conditions
Home
Duration
Treatment
TAO Index
Formulary
Costs
Job Profile
Treatment Info
NEW - Evidence Grade Changes
Treatment Info
Methodology
PT & Chiro Guide Insert
Documenting Exceptions - Appendix D
Suggesting Changes
Editorial Advisory Board
Search Treatment
Enter search terms above, or see video below for tutorial.
ODG by MCG Treatment Tutorial Video
Filter Trea
RESE
Recommendation
All Recommendations


odg by mcg
ODG Medical Topics
ICD-9
ICD-10
CPT®
Search for additional conditions
Home
Duration
Treatment
TAO Index
Formulary
Costs
Job Profile
Treatment Info
NEW - Evidence Grade Changes
Treatment Info
Methodology
PT & Chiro Guide Insert
Documenting Exceptions - Appendix D
Suggesting Changes
Search Treatment
Enter search terms above, or see video below for tutorial.
ODG by MCG Treatment Tutorial Video
Filter Treatment
RESET
Documenting Exceptions - Appendix D

Documenting Medical Necessity and Appropriateness of Health Care

Health care practitioner treatment decisions:

- ODG or network treatment guidelines; and
- Other evidence-based literature.

ODG Support Specific Treatments

- ODG - guidelines, not inflexible proscriptions.
- Patient's unique clinical circumstances.
- May require medical care outside of the ODG.
- More extensive and detailed documentation required.

Documentation Requirements for Exceptions

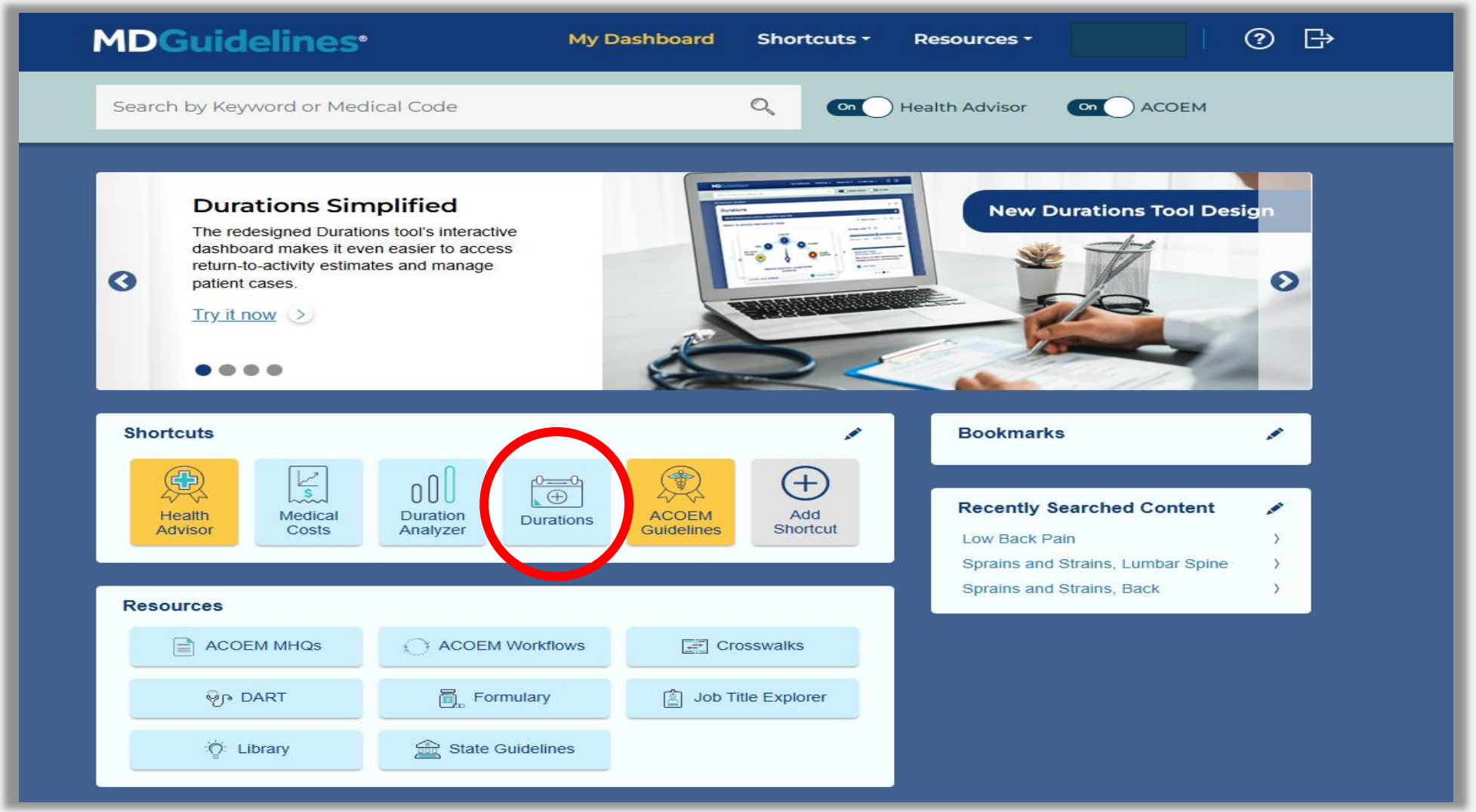
- Identify if the request is for a treatment not addressed in the guidelines or one that is "not recommended."
- If not addressed in the guidelines, determine if it involves a rare condition, unusual presentation, or ongoing chronic care.
- For "not recommended" treatments, document specific circumstances and explain how the treatment is expected to lead to meaningful and lasting improvement.

Documentation Requirements for Exceptions

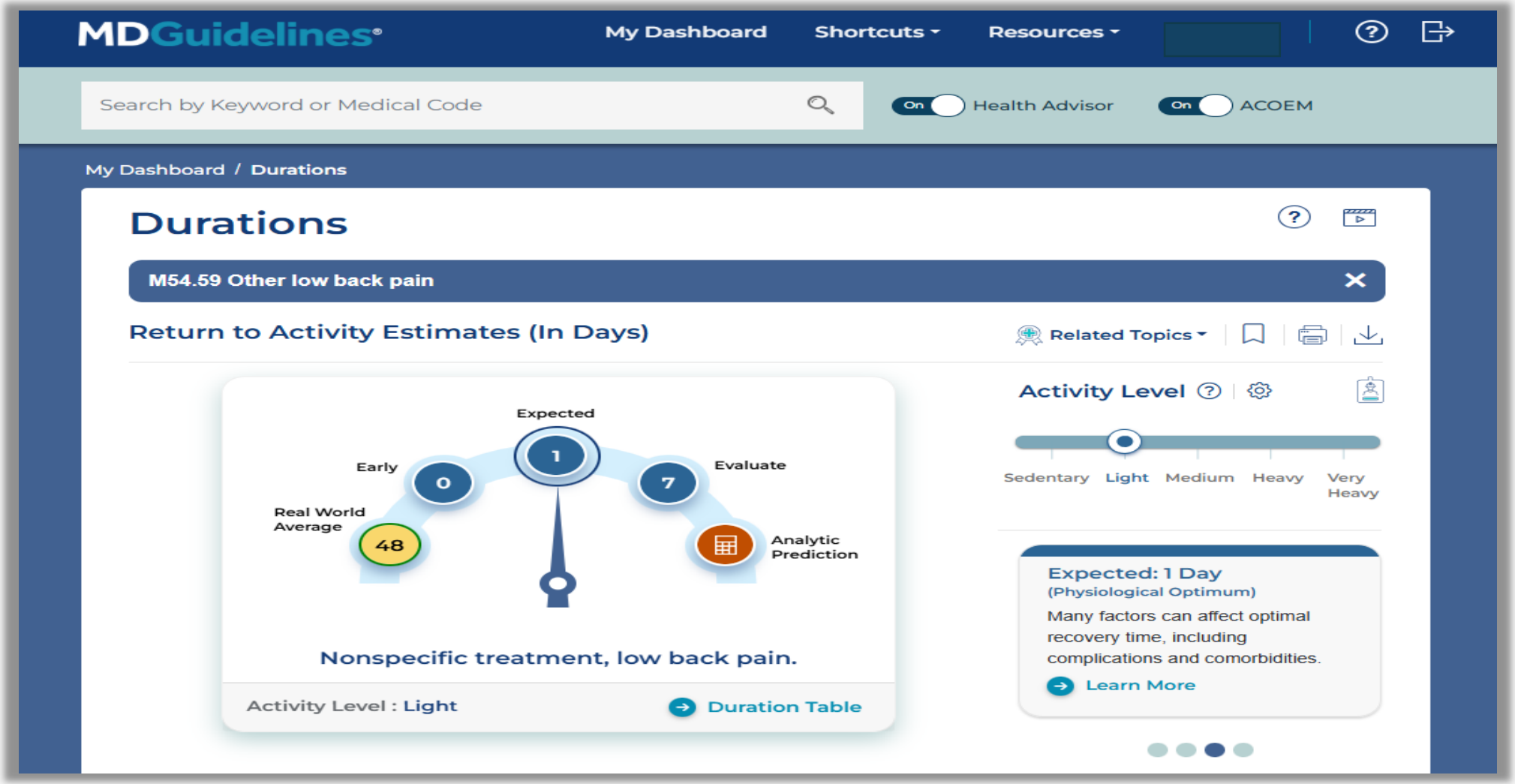
Also include the:

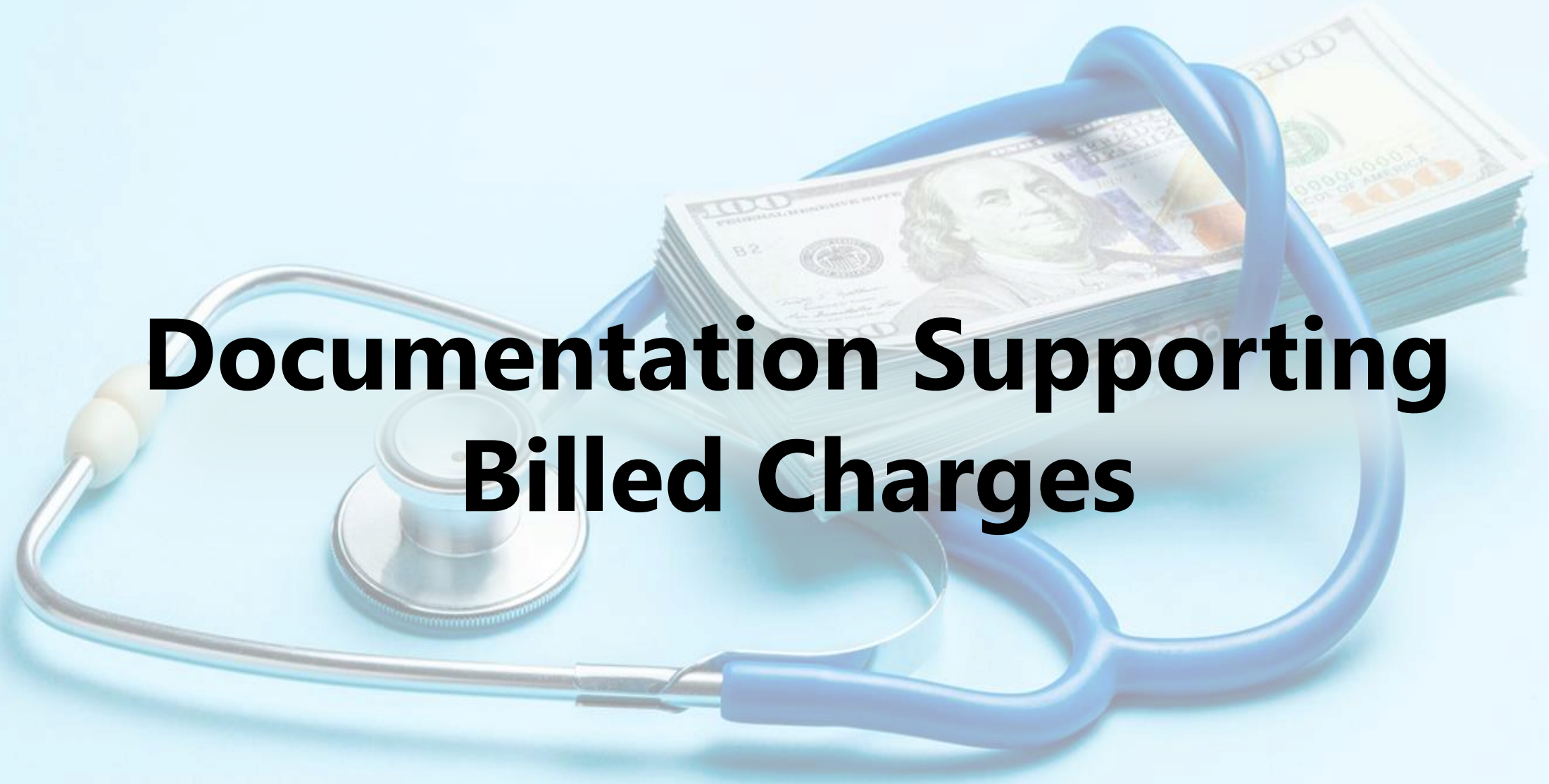
- Relevant patient comorbidities.
- Objective assessment of functional improvement for treatments already completed.
- Measurable goals and progress markers (for example, return to work) expected from further treatment.
- Projected reductions of treatment length, intensity, and complexity for ongoing care of chronic conditions.
- Literature evidence supporting the requested exception.

Documenting Disability Duration



Documenting Disability Duration





Documentation Supporting Billed Charges

Shall vs. Should

- **Shall** means the activity **must** be performed and cannot be ignored.
- **Should** means the activity **must** be performed unless a reason, using sound medical judgment, to deviate from the activity is documented by the health care practitioner.

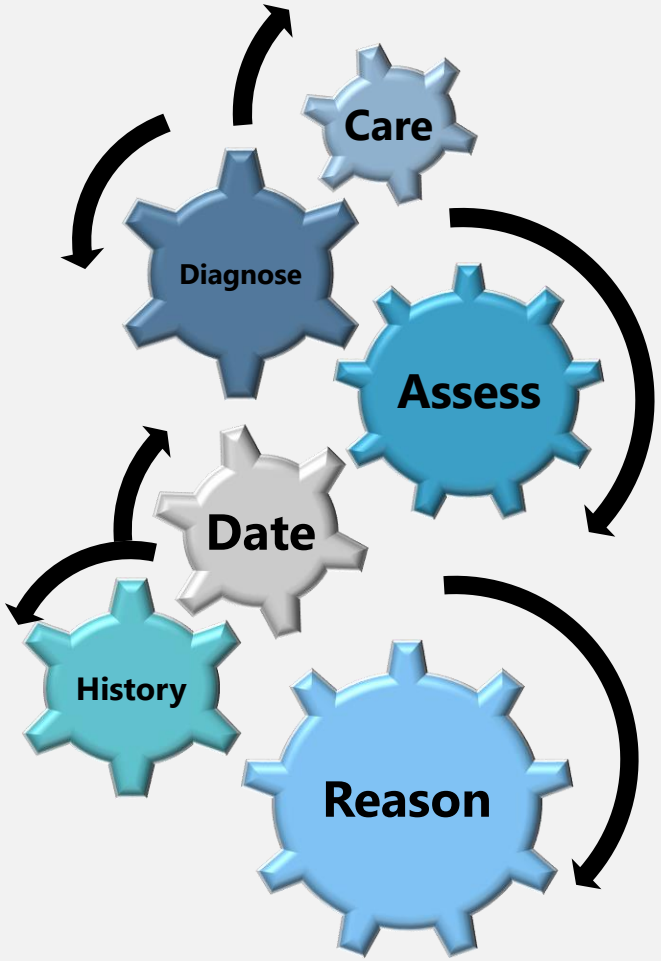
Medical Documentation Requirements for Texas Licensed Physicians

22 TAC applies to any licensed physician by the Texas Medical Board. It states that each physician shall maintain a medical record for every patient that is:

- Complete;
- Contemporaneous (timely); and
- Legible.

22 TAC, Subchapter A, Sec. 163.1. Medical Records

Components of Medical Documentation



Key components of documentation must include:

- **Reason for the encounter.** Include relevant patient history, physical examination findings, and any diagnostic test results.
- **Assessment.** Provide a clinical impression, assessment, or diagnosis.
- **Care plan.** Outline the plan for care, including a discharge plan if applicable.
- **Late entries**. Include date, time and identity of person who made the entry.

22 TAC, Subchapter A, Sec.163.1. Medical Records

Components of Medical Documentation

Key components of documentation (continued):

- **Summary**. Document any communications.
- **Record Requests.** Sufficiently document requests for from other providers and any records reviewed.
- **Amendments or Corrections.** Leaving original text identify date and author.

22 TAC, Subchapter A, Sec.163.1. Medical Records

Documenting Mechanism of Injury

The mechanism of injury refers to how and why an injury occurred during the course of employment.

Documentation should include:

- Specific actions or events leading to the injury.
- Time, place, and circumstances of occurrence.
- Employee's description of the incident and any supporting evidence.

Labor Code Sec. 409.001. Notice of Injury to Employer
Labor Code 409.005. Report of Injury; Modified Program Notice; Administrative Violation

Monitoring the Delivery of Medical Benefits and Quality of Health Care

Office of the Medical Advisor

The medical advisor:

- Assists with carrying out provisions of the Labor Code related to health care for injured employees.
- Ensures that quality health care is provided in the workers' compensation system.
- Recommends sanctions when indicated.
- Reviews complaints on quality of care.
- Serves as chair of the Medical Quality Review Panel (MQRP).
- Oversees the Medical Quality Review Process.

Labor Code Sec. 413.0511. Medical Advisor

Office of the Medical Advisor

The MQRP reviews the actions of:

- Doctors and other health care providers;
- Insurance carriers;
- Utilization review agents; and
- Independent review organizations.

Medical Quality Review

Medical quality review ensures that health care is:

- Reasonable and medically necessary;
- Timely;
- Cost-effective; and
- Facilitates functional recovery and appropriate return-to-work outcomes.

Medical Quality Review

Medical case review is initiated from:

- A complaint;
- A plan-based audit; or
- Monitoring that resulted from a consent order.

Evaluate the quality of designated doctor reports, and the necessity of additional testing or referrals ordered by designated doctors.

Medical Documentation Standards Resources

28 TAC Sec 133.210. Medical Documentation

ODG Appendix D

Licensing boards:

22 TAC, Subchapter A, Sec. 163.1. Medical Records

(physicians and physician's assistants)

22 TAC Sec. 76.1. Required Contents of Patient Records
(chiropractic examiners)

Medical Documentation Standards Resources

U.S. Centers for Medicare & Medicaid Services www.cms.gov

DME MAC Jurisdiction C www.cgsmedicare.com

The American Medical Association (AMA) www.ama-assn.org

American Academy of Professional Coders (AAPC) www.aapc.com

National Committee for Quality Assurance (NCQA) www.ncqa.org

Individual Professional Medical Associations (example, American Academy of Orthopedic Surgeons AAOS)

Recap

- Goals and legislative intent of the Texas workers' compensation system.
- General standards for medical documentation.
- Documentation related to a workers' compensation claim for benefits.
- Treatment guidelines.
- Documentation supporting billed charges.
- Monitoring the delivery of medical benefits and quality of health care.

Contact Us

CompConnection:
800-252-7031 option 3

compconnection@tdi.texas.gov