Designated Doctor and MMI/IR Fees Training

Handout #1 of Definitions, Acronyms, and Billing Cheat Sheets

Disclaimer

This presentation is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the Texas Insurance Code (Insurance Code), Texas Labor Code (Labor Code), and TAC.

Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Updates to this Handout

06-12-2024

 Corrected typographical error on DD Missed appointment CPT code 99546 (wrong) to correct CPT code 99456, now slide #9, Rule 134.240(b).

 Added now slide #10 (with image of DWC032) relating to specialty fee of \$300, Rule 134.240(g).

07-22-2024

- Added disclaimer slide as a reminder.
- Added modifier W5, to Not at MMI exam for DD billing, now slide #9, Rule 134.240(d)(3).





Acronyms

- AMA American Medical Association
- AMA Guides AMA Guides to the Evaluation of Permanent Impairment, 4th Edition
- DD Designated doctor
- DRE Diagnosis related estimate
- DWC Division of Workers' Compensation
- EOI Extent of injury
- HCP Health care provider
- IR Impairment rating
- MAR Maximum allowable reimbursement



Acronyms

- MEI Medicare Economic Index
- MMI Maximum medical improvement
- MSK Musculoskeletal
- RD Referred doctor
- RME Required medical exam
- ROM Range of motion
- RTW Return to work
- Sec. Sections
- TAC Texas Administrative Code (Rules)
- TD Treating doctor

Maximum Medical Improvement

MMI date that is the earliest of:

or

Clinical: The earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated;



Maximum Medical Improvement

Statutory: The expiration of 104 weeks from the date on which income benefits begin to accrue. However, by commissioner's order, the MMI date may be extended due to spinal surgery or approved spinal surgery.



Impairment Rating

IR is a percentage that:

 Reflects the extent of permanent anatomic or functional abnormality or loss resulting from a compensable injury as of the date of MMI.

 Is shown as a percentage of permanent impairment to the whole body.

Is based on the rating criteria contained in the AMA Guides,
 1st, 2nd, 3rd, or 4th printing.

Only authorized doctors may assign an IR.



June 1, 2024, to December 31, 2024 DD MMI, IR, and Other Similar Exams DD Billing Instructions (28 TAC Sec. 134.240)

DD Type of Exam/Service	CPT Code	Modifier	2024 Reimbursement (MAR)
Not at MMI exam	99456	W5 NM	\$449
At MMI exam	99456	W5	\$449
IR exam first MSK body area	99456	W5	\$385
IR exam additional MSK body area (max of 3)	99456	W5	\$192
IR exam each non-MSK body area	99456	W5	\$192
Multiple IRs (each additional IR)	99456	W5 MI	\$64
Specialty exam fee (DD only)	99456	25	\$300
EOI exam	99456	W6	\$642
Disability exam	99456	W7	\$642
RTW exam	99456	W8	\$642
Other similar issues exam	99456	W9	\$642
Missed appointment (DD only)	99456	52	\$100

Rule 127.130(b)9(B)-(I) contains body areas and conditions that can be billed with the new specialty exam fee (for DDs only).

They are also on the **DWC-032**, Request for DD Exam, on pg. 2

They are the body areas and conditions from Traumatic brain injury, through Heart or cardiovascular condition

30. Check all body areas and diagnoses that apply.	Examples (not a full list)	
Spine and musculoskeletal structures of torso *See below for spinal cord injuries, hernia	cervical, thoracic or lumbar regions; herniated disc; rib cage, chest wall, abdominal wall, sprains, or strains	
Upper extremities *See below for a fracture with vascular injury or a rib fracture.	shoulder, forearm, arm, elbow, wrist, hand, finger regions, rotator cuff tear, sprains, or strains	
*See below for a fracture with vascular injury or a pelvis fracture.	buttock, thigh, leg, knee regions, anterior cruciate ligament (ACL) tear, meniscus tear, sprains, or strains	
Feet	toes, heel	
Teeth and jaw	temporomandibular joint (TMJ)	
Eyes	eyelid, foreign body, corneal abrasion	
Other body areas or systems	ear, nose, and throat; head and face; skin; cuts to skin involving underlying structures; non-musculoskeletal structures of the torso; hernia; respiratory; endocrine; hematonoietic; urologic	
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Traumatic brain injury	concussion, post-concussion syndrome	
Traumatic brain injury Spinal cord injury	concussion, post-concussion syndrome spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome	
	spinal fracture with documented neurological injury deficit,	
Spinal cord injury	spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome	
Spinal cord injury Severe burns (including chemical burns) Joint dislocation, fractures with vascular injury, pelvis fractures, or multiple rib	spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome 2nd, 3rd, or 4th degree; deep partial or full thickness burns	
Spinal cord injury Severe burns (including chemical burns) Joint dislocation, fractures with vascular injury, pelvis fractures, or multiple rib fractures	spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome 2nd, 3rd, or 4th degree; deep partial or full thickness burns not applicable infection requiring hospitalization or prolonged intravenous	
Spinal cord injury Severe burns (including chemical burns) Joint dislocation, fractures with vascular injury, pelvis fractures, or multiple rib fractures Infectious diseases (complicated)	spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome 2nd, 3rd, or 4th degree; deep partial or full thickness burns not applicable infection requiring hospitalization or prolonged intravenous antibiotics, including blood borne pathogens	
Spinal cord injury Severe burns (including chemical burns) Joint dislocation, fractures with vascular injury, pelvis fractures, or multiple rib fractures Infectious diseases (complicated) Complex regional pain syndrome	spinal fracture with documented neurological injury deficit, more than one spinal fracture, cauda equina syndrome 2nd, 3rd, or 4th degree; deep partial or full thickness burns not applicable infection requiring hospitalization or prolonged intravenous antibiotics, including blood borne pathogens not applicable	

June 1, 2024, to December 31, 2024 RME MMI, IR, and Other Similar Exams RME Billing Instructions (28 TAC Sec. 134.235)

RME Type of Exam/Service	CPT Code	Modifier	2024 Reimbursement (MAR)
Not at MMI exam	99456	NM	\$449
At MMI exam	99456	n/a	\$449
IR exam first MSK area	99456	n/a	\$385
IR exam each additional MSK body area (max of 3)	99456	n/a	\$192
IR each non-MSK area exam	99456	n/a	\$192
EOI exam	99456	n/a	\$642
Disability exam	99456	n/a	\$642
RTW exam	99456	n/a	\$642
Other similar issues exam	99456	n/a	\$642
Appropriateness of health care (RME only)	99456	n/a	\$642

June 1, 2024, to December 31, 2024 TD MMI and IR Exams TD Billing Instructions (28 TAC Sec. 134.250)

TD Type of Exam/Service	CPT Code	Modifier	2024 Reimbursement (MAR)
Not at MMI exam	99455	V3, V4, or V5	134.203
At MMI exam	99455	V3, V4, or V5	134.203
IR exam first MSK body area	99455	n/a	\$385
IR each additional MSK body area (max of 3)	99455	n/a	\$192
IR each non-MSK body area	99455	n/a	\$192
Review of MMI and IR by another doctor (TD only)	99455	VR	\$64

June 1, 2024, to December 31, 2024 RD MMI and IR Exams RD Billing Instructions (28 TAC Sec. 134.260)

RD Type of Exam/Service	CPT Code	Modifier	2024 Reimbursement (MAR)
Not at MMI exam	99456	NM	\$449
At MMI exam	99456	n/a	\$449
IR exam first MSK body area	99456	n/a	\$385
IR exam additional MSK body area (max of 3)	99456	n/a	\$192
IR exam each non-MSK body area	99456	n/a	\$192