



# **Amended Rule: MMI Exams by Telemedicine and Telehealth**

**Division of Workers'  
Compensation  
2025**

## 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 [Texas Administrative Code](#) (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).





# Overview

**Definitions**

**Legislative Intent and Agency Goals**

**Rule**

**Telemedicine and Telehealth Exam for MMI**

**Billing, Reimbursement, and Required Form**

# Definitions

**Treating doctor (TD):** A doctor primarily responsible for the efficient management of health care, coordination of the health care for an injured employee's compensable injury, and who may or may not be certified to assign an impairment rating.

**Maximum medical improvement (MMI):** 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.

**Impairment rating (IR):** The percentage of permanent impairment of the whole body resulting from the current compensable injury. A 0% impairment rating may be a valid rating.

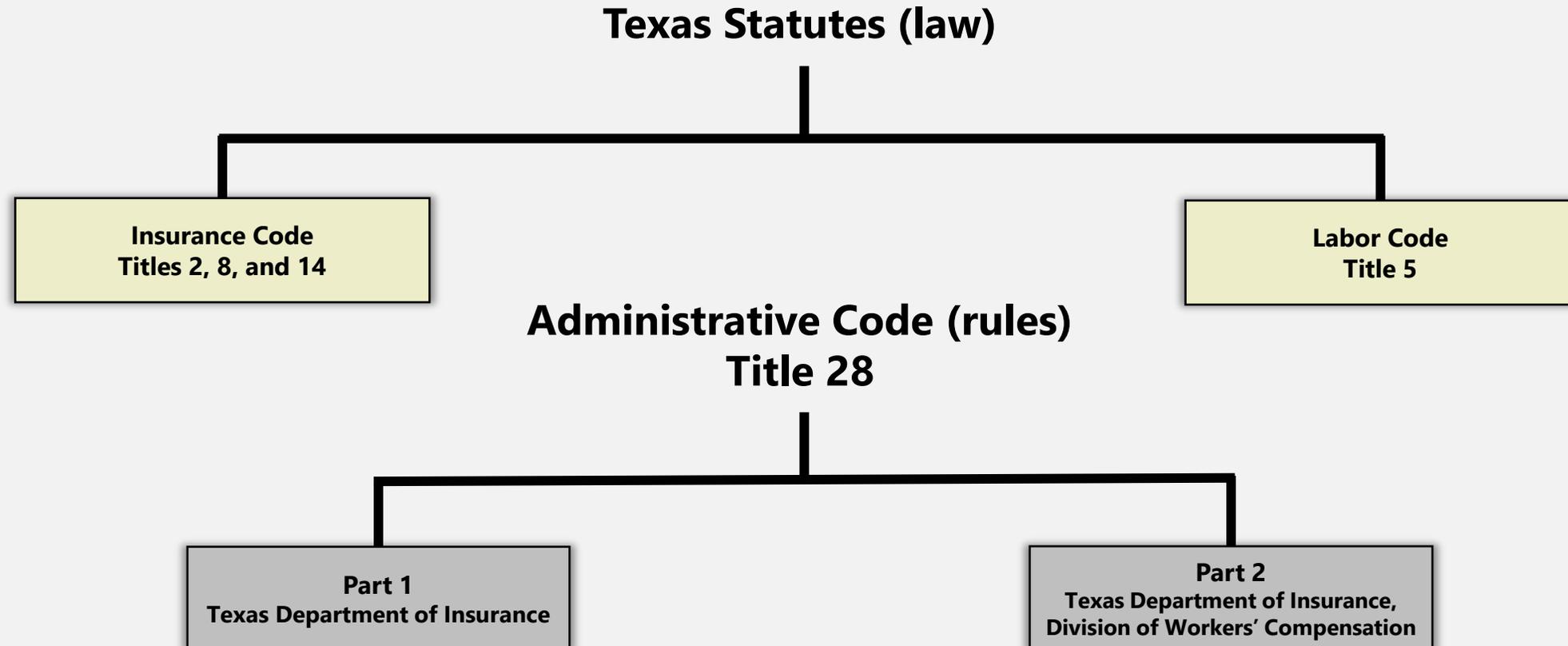
**Certified doctor:** A doctor who has completed DWC training every two years, has passed the required test, and is certified by DWC to conduct MMI and IR exams.

**Telemedicine and telehealth:** As defined in Texas Occupations Code [§111.001](#).



# **Texas Workers' Compensation Intent and Goals**

# Texas Workers' Compensation Regulation



# Goals and Legislative Intent of the Texas Workers' Compensation System

Each injured employee shall have access to prompt, high quality medical care supporting restoration of the injured employee's physical condition and earning capacity.

Texas Labor Code [§402.021](#) Subchapter B. System Goals; General Administration of System

# Mission of the Texas Workers' Compensation System

The timely return of injured employees to productive roles in the Texas workforce is one of the key components of DWC's mission.

Texas Labor Code [§402.021](#) Subchapter B. System Goals; General Administration of System

## 28 TAC §133.30. Telemedicine, Telehealth, and Teledentistry Services

- Originally adopted in 2018.
- Amended in 2023.
- Formally proposed in December 2024.
- Adopted in February 2025, effective for dates of service on or after June 1, 2025.



**Before June 1, 2025**

## **Before June 1, 2025, §133.30:**

- Allowed telemedicine and telehealth regardless of the injured employee's location.
- Allowed the Centers for Medicare & Medicaid Services (CMS) list of telehealth services.
- Did not allow MMI or IR exams to be conducted by telemedicine and telehealth.



# **On or After June 1, 2025**

# On or After June 1, 2025, §133.30

- Allows TDs to perform MMI examinations by telemedicine and telehealth when there is no impairment;
- Does not allow impairment rating examinations by telemedicine and telehealth; and
- Continues to allow telemedicine and telehealth services according to the CMS list.

<https://www.cms.gov/medicare/coverage/telehealth/list-services>

## On or After June 1, 2025, §133.30

Allows a TD to perform exams to certify MMI by telemedicine or telehealth on or after June 1, 2025, if the condition:

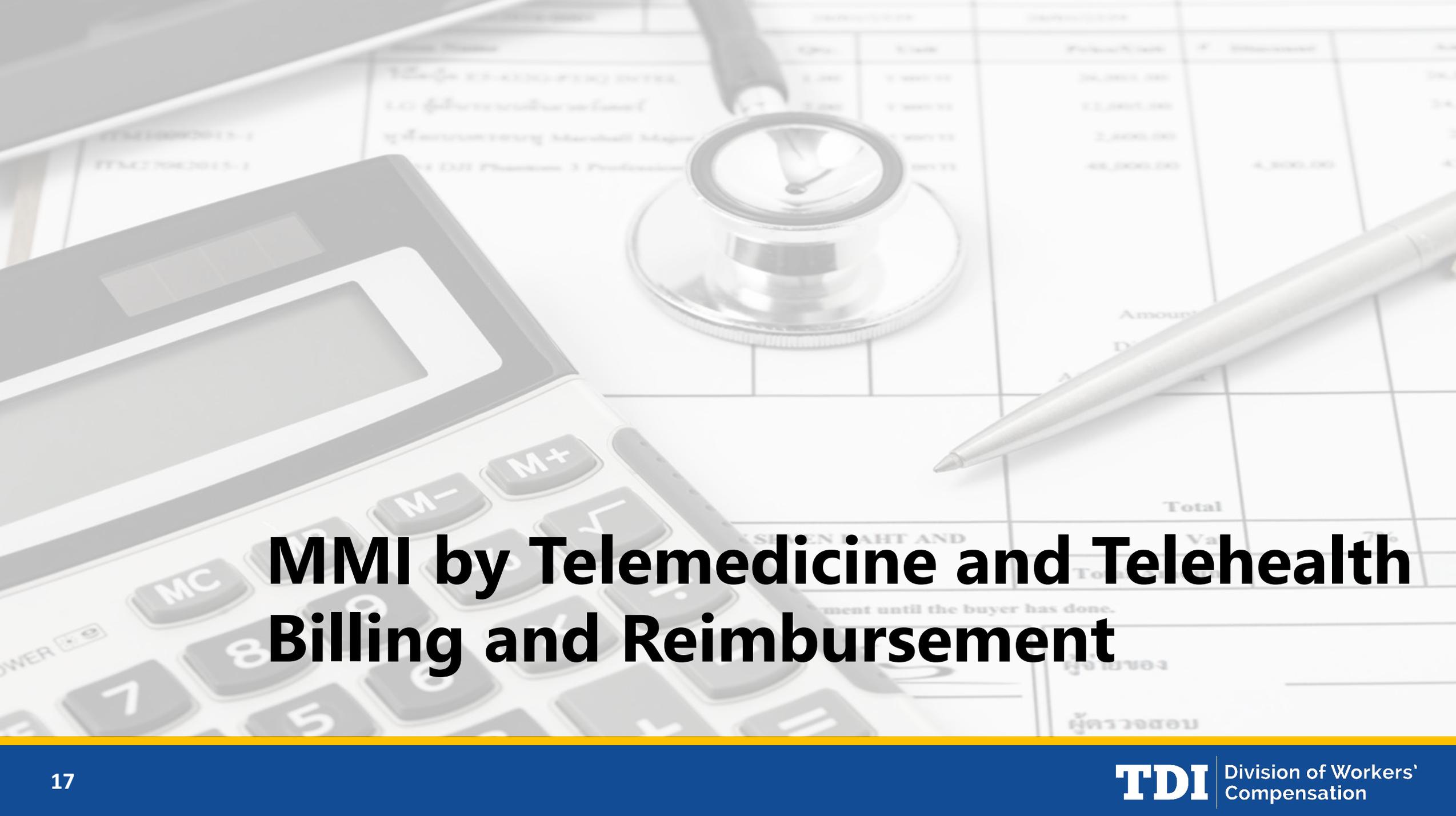
- Qualifies as a minor injury.
- Requires no additional treatment.
- Has resulted in no permanent impairment.

# On or After June 1, 2025, §133.30

Allows a TD to perform an examination to certify MMI (99455 V3 - V5), on or after June 1, 2025, if:

- There is at least one examination by the TD before the MMI exam; and
- The injured employee consents to the MMI exam being done by telemedicine and telehealth before the exam.

**Note: the treating doctor does *not* have to be certified to conduct an MMI exam if there is no permanent impairment.**



# MMI by Telemedicine and Telehealth Billing and Reimbursement

# How do I bill for telemedicine and telehealth?

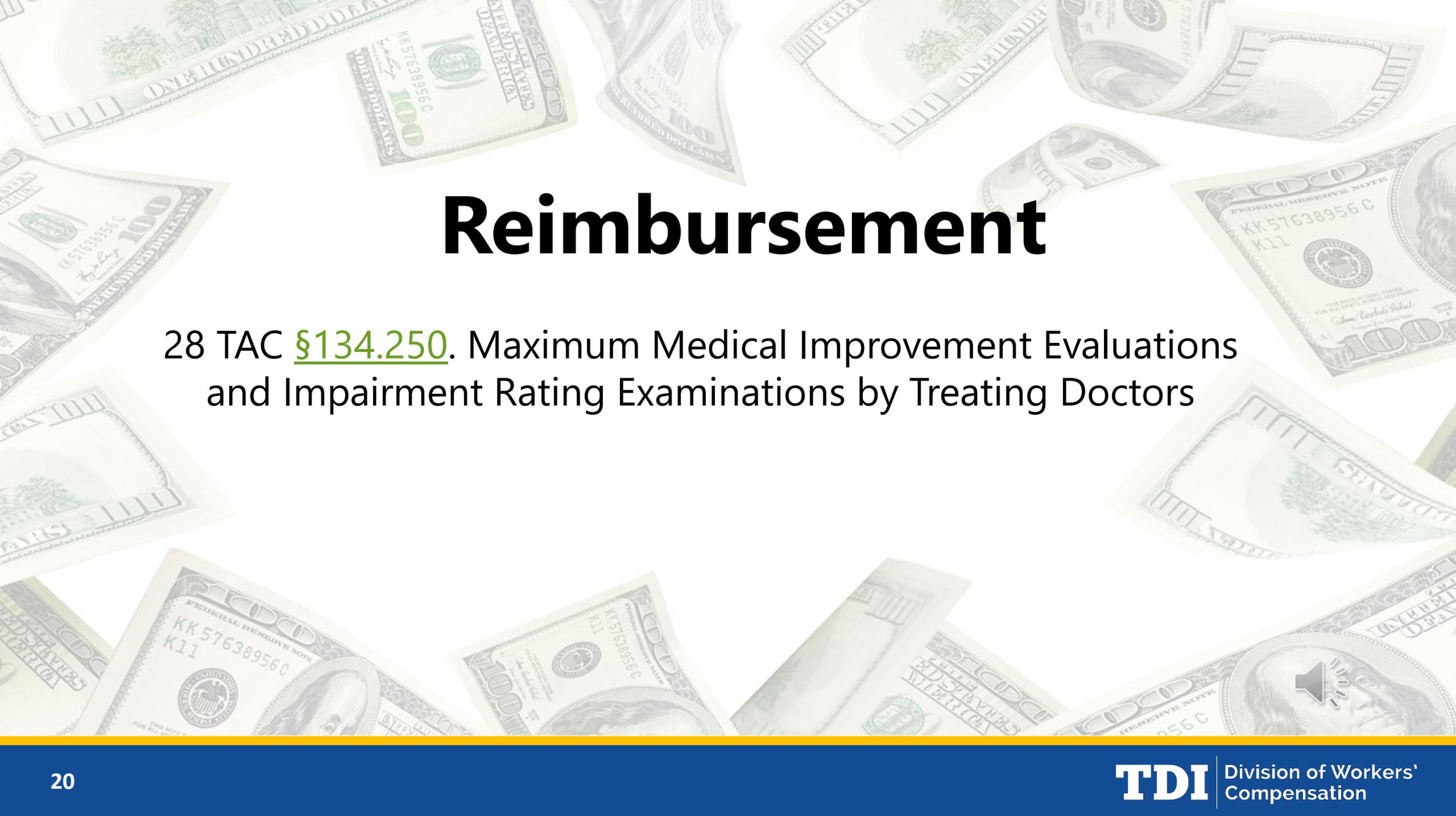
Section 133.30(c) says:

- Use Medicare payment policies from §134.203.
- Use MMI billing requirements from §134.250.

# What is billable and payable under telemedicine and telehealth?



- 99455 (V3 - V5), MMI exams for minor injuries with no possibility of impairment.
- CMS list of telehealth services.



# Reimbursement

28 TAC [§134.250](#). Maximum Medical Improvement Evaluations and Impairment Rating Examinations by Treating Doctors



# TD Billing and Reimbursement – at MMI with No Impairment

When the TD determines an injured employee is at MMI with no possibility of impairment, bill for the **MMI exam using CPT code 99455** with the appropriate modifier that relates to the applicable established patient office visit level:

- V3 (99213);
- V4 (99214); or
- V5 (99215).\*

\*For non-network, use 28 TAC [§134.203](#). Medical Fee Guideline for Professional Services calculations for the corresponding office visit. Rounding does not apply. For network claims, see the contract.

# 2025 TD Billing Example

The TD who is an MD has a follow-up telemedicine visit on June 2, 2025, for an injured employee with a non-network injury in Webb County, Texas with the complexity/time related to CPT code 99213. The TD determines the injured employee has met the MMI date, and there is no permanent impairment:

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99455	V3	1	(approximately) \$187.35*

\*Calculated according to 28 TAC [§134.203](#). Medical Fee Guideline for Professional Services. (217% of Medicare reimbursement for 99213 in "the rest of Texas.") Rounding does not apply.



# Required Form

# DWC Form-069, Report of Medical Evaluation

The TD conducted an MMI exam by telemedicine on June 2, 2025.

- File the DWC Form-069 and required narrative no later than the seventh working day after the date of the exam.
- File with the insurance carrier, DWC, the injured employee, and the injured employee's representative (if any).

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

<b>I. GENERAL INFORMATION</b>		<b>4. Injured Employee's Name</b> (First, Middle, Last)		<b>9. Certifying Doctor's Name and License Type</b>	
1. Workers' Compensation Insurance Carrier		5. Date of Injury		6. Social Security Number	
2. Employer's Name		7. Employee's Phone Number		10. Certifying Doctor's License Number and Jurisdiction	
3. Employer's Address (Street or PO Box, City, State, Zip)		8. Employee's Address (Street or PO Box, City, State, Zip)		11. Certifying Doctor's Phone and Fax Numbers (PH) (FX)	
				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
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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, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> 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 notification 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. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR - <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (PH) (FX)	
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: _____	



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# DWC Form-069, *Report of Medical Evaluation*

TD conducted MMI exam by telemedicine on June 2, 2025.

III. MEDICAL STATUS INFORMATION	
14. Date of Exam ____ / ____ / ____	15. Diagnosis Codes _____
<b>16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:</b> <b>Clinical Maximum Medical Improvement (Clinical MMI)</b> is the earliest date after which, based upon reasonable medical probability, recovery from or lasting improvement to an injury can no longer reasonably be anticipated. <b>Statutory MMI</b> is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; (2) the date to which MMI was extended by DWC pursuant to Texas Labor Code §408.104.	
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b) <input type="checkbox"/> No, I certify that the employee has <b>NOT</b> 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.	
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# Recap

**Definitions**

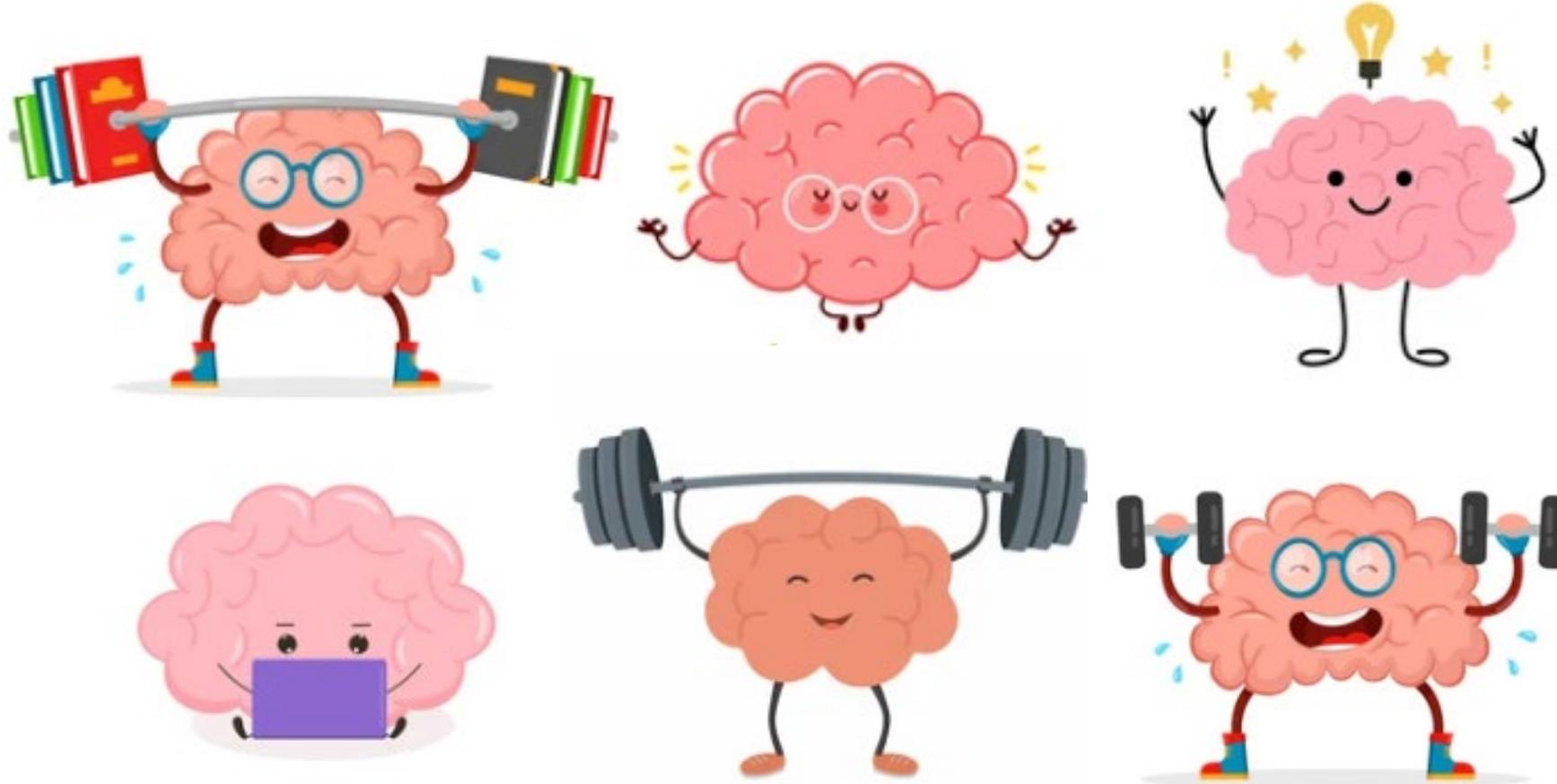
**Legislative Intent and Agency Goals**

**Rule**

**Telemedicine and Telehealth Exam for MMI**

**Billing, Reimbursement, and Required Form**

# Flex your knowledge!



# Contact Us



**CompConnection:  
800-252-7031 option 3**

[compconnection@tdi.texas.gov](mailto:compconnection@tdi.texas.gov)

