

# Designated Doctor

## First Informal Rule Proposal to Chapters 133 and 134

September 8, 2022

Joe McElrath, Deputy Commissioner of Business Process  
Mary Landrum, Director of Designated Doctor Operations

# Designated Doctor First Informal Rule Proposal

Please send written comments on  
Chapters 133 and 134  
informal proposals by  
5:00 p.m. Friday, September 23, 2022

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

# Designated Doctor First Informal Rule Proposal

## Goals for program improvement

- Increase physician participation.
- Maintain doctor of chiropractic participation.
- Decrease administrative burden for participation in the program.

# Designated Doctor First Informal Rule Proposal

## Goals of changes to billing and reimbursement

- Increase certainty of payment.
- Decrease complexity of billing.
- Ensure fees better reflect the effort required by designated doctors.
- Update reimbursement for services.

# Designated Doctor First Informal Rule Proposal

## Increase certainty of payment

- Use a new exam assignment number to better identify bills for designated doctor and referral exams.
- Revise bill submission date for “dates of service” when additional testing or referral is needed.

# Designated Doctor First Informal Rule Proposal

## New exam assignment number

- Assignment number to be used in the “prior authorization” field on the CMS-1500 by designated doctors and referral and testing doctors.
- Assignment number must be used on all types of billing:
  - professional;
  - pharmacy;
  - dental; or
  - inpatient and hospital facilities.
- Designated doctor must provide the assignment number to testing and referral providers.

# Designated Doctor First Informal Rule Proposal

**Allowing date range for designated doctor exam  
"dates of service"**

- The 95-day period for timely submission of the designated doctor bill begins on the date of service of the additional testing or evaluation.

FROM	TO
March 11, 2022	April 27, 2022

# Designated Doctor First Informal Rule Proposal

## Clarification of Medicare polices for payment

- Inserted language from Section 134.203 to clarify the applicability of correct coding and application of Medicare policies for payment.
- System participants must apply Medicare payment policies in effect on the date a service is provided.



# Designated Doctor First Informal Rule Proposal

## Decrease complexity of billing

- Reorganized and clarified rule requirements by doctor type.
- Reduced number of billing modifiers.
- Eliminated tiered reimbursement designated doctor and required medical exams with multiple issues.
- Created one billing method and reimbursement rate for impairment rating.
- Discontinued billing and fee for maximum medical improvement and impairment rating referring doctors incorporating results of testing.

# Designated Doctor First Informal Rule Proposal

## Reorganization of rule requirements

- Designated doctors, required medical examination doctors, and maximum medical improvement and impairment rating certified doctors have their specific billing requirements in their own section.
- Section 134.235 "Return to work and evaluation of care" is now billing requirements for "RME exams."
- Section 134.239 clarifies that work status reports may not be billed or reimbursed separately when completed as a component of a required exam.

# Designated Doctor First Informal Rule Proposal

## Reduced number of billing modifiers

- Discontinues modifiers: RE, SP, TC, V1, V2, WP.
- Corrects the CPT code reference for the MI modifier.
- Updates reference to modifiers V3, V4, and V5, by tying them to the CPT code description.
- Modifiers are defined in section 134.210 only, definitions not repeated in each section.
- Adds one new modifier, 25, used for physician designated doctor exams of injured employees with complex injuries.

# Designated Doctor First Informal Rule Proposal

## Eliminated decreased reimbursement for designated doctor and required medical exams

- Current rule requires that extent of injury, disability, return to work, and other similar issues be reimbursed at a lower rate if they are performed concurrently in the same exam:
  - first issue billed at 100% of the fee;
  - second issue billed at 50% of the fee, and
  - third issue must be billed at 25% of the fee.
- Proposed rule eliminates this tiered reimbursement.

# Designated Doctor First Informal Rule Proposal

## One billing method and reimbursement rate for impairment rating

- Current DWC rule Section 134.250 (4)(C) allows billing and reimbursement for:
  - use of the diagnosis related estimates (DRE) method; and
  - full physical evaluation, with range of motion.
- Proposed rule provides for one way of billing and the same reimbursement amount, regardless of which method is used.

# Designated Doctor First Informal Rule Proposal

## Discontinue separate fee for incorporating testing results

- Current DWC rule Section 134.250 (4)(D) allows billing and reimbursement when a maximum medical improvement and impairment rating certified referral doctor incorporates testing results into the calculation of impairment rating.
- Proposed rule discontinues billing and separate fee.

# Designated Doctor First Informal Rule Proposal

**Ensure fees better reflect the effort required of designated doctors**

- New medical record review fee for designated doctors.
- New fees for physicians examining injured employees with complex injuries.

# Designated Doctor First Informal Rule Proposal

## **New medical record review fee for designated doctors.**

- Allows designated doctors to bill for the first hour of medical record review, and three additional half-hours of medical record review.
- Designated doctor may bill for the review of medical records:
  - regardless of whether an exam is conducted, and
  - only once for each exam ordered.
- Does not qualify for the 10% incentive payment.



# Designated Doctor First Informal Rule Proposal

## **New fee for physicians examining injured employees with complex injuries**

- Fee available for board-certified designated doctor physicians when examining injured employees with one or more of the diagnoses listed in DWC rule section 127.130(b)(9)(B)-(I).
- Add CPT code modifier "25" only one time for each exam.
- Fee can be billed on exam code for any issue type, or for medical record review.

# Designated Doctor First Informal Rule Proposal

## Increase reimbursement for services

- Update fees annually by applying an adjustment factor.
- New fee amounts will be included in a second informal rule proposal.

# Designated Doctor First Informal Rule Proposal

## Update fees annually by applying an adjustment factor

- Adjust fees annually for:
  - designated doctor exams
  - required medical exams; and
  - maximum medical improvement and impairment rating exams.
- Adjusted on January 1 of each calendar year using the annual percentage adjustment included in Section 134.203, the professional services fee schedule.
- Section 134.203 identifies the Medicare Economic Index as the annual adjustment factor.

# Designated Doctor First Informal Rule Proposal

## Other conforming and clarifying changes

- Updates medical state reporting requirements to provide for the new designated doctor exam assignment number.
- Editorial and style guide updates to rule language.

# Designated Doctor First Informal Rule Proposal

## Billing Examples

# Designated Doctor First Informal Rule Proposal

## Billing Examples

### Example One

On June 11, 2021, 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 takes 30 minutes to review the records, examines the injured employee on June 29, 2021, 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: Range A.L. to service the below (24E)													22. RELEASATION CODE		ORIGINAL REF. NO.						
A.			B.			C.			D.			E.		F.		G.		H.		I.	
L.			M.			N.			O.			P.		Q.		R.		S.		T.	
24. A. DATES OF SERVICE				B. PLACE OF SERVICE				C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS		F. CHARGES		G. DAYS/OR UNITS		H. EPICOT		I. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	ICD 10E	ICD 10F	ICD 10G	ICD 10H	ICD 10I	ICD 10J	ICD 10K	ICD 10L	ICD 10M	ICD 10N	ICD 10O	ICD 10P	ICD 10Q
6	29	21	6	29	21	11	99456	WS						\$ 350.00	1						
6	29	21	6	29	21	11	99456	WS	26					\$ 120.00	1						
6	29	21	6	29	21	11	99456	WS	MI					\$ 100.00	1						
6	29	21	6	29	21	11	99456	WS	RE					\$ 500.00	1						
6	29	21	6	29	21	11	99456	WS	RE					\$ 375.00	1						
<b>TOTAL</b>													\$ 1,445.00								

### Proposed

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Range A.L. to service the below (24E)													22. RELEASATION CODE		ORIGINAL REF. NO.						
A.			B.			C.			D.			E.		F.		G.		H.		I.	
L.			M.			N.			O.			P.		Q.		R.		S.		T.	
24. A. DATES OF SERVICE				B. PLACE OF SERVICE				C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS		F. CHARGES		G. DAYS/OR UNITS		H. EPICOT		I. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	ICD 10E	ICD 10F	ICD 10G	ICD 10H	ICD 10I	ICD 10J	ICD 10K	ICD 10L	ICD 10M	ICD 10N	ICD 10O	ICD 10P	ICD 10Q
6	29	21	6	29	21	11	99456	WS						New Rate	1						
6	29	21	6	29	21	11	99456	WS						New Rate	1						
6	29	21	6	29	21	11	99456	WS						New Rate	1						
6	29	21	6	29	21	11	99456	WS						New Rate	1						
6	29	21	6	29	21	11	99456	WS						New Rate	1						
6	29	21	6	29	21	11	99358							New Rate	1						
<b>TOTAL</b>													\$ -								

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

Billing for 30 minutes of record review.  
Proposed \$134.240(b)(1)

# Designated Doctor First Informal Rule Proposal

## Example One

On June 11, 2021, 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 takes 30 minutes to review the records, examines the injured employee on June 29, 2021, 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.

# Designated Doctor First Informal Rule Proposal

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.		23. PRIOR AUTHORIZATION NUMBER				
E.			F.			G.			H.						
I.			J.			K.			L.						
24. A. DATE(S) OF SERVICE						B.		D. PROCEDURES, SERVICES, OR SUPPLIES				H.		J.	
From			To			PLACE OF SERVICE		(Explain Unusual Circumstances)		E.		EPSOT		RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	Family Plan	I. ID QUAL		
6	29	21	6	29	21	11	99456	W5		\$ 350.00	1		NPI		
6	29	21	6	29	21	11	99456	W5	26	\$ 120.00	1		NPI		
6	29	21	6	29	21	11	99456	W5	MI	\$ 100.00	1		NPI		
6	29	21	6	29	21	11	99456	W6	RE	\$ 500.00	1		NPI		
6	29	21	6	29	21	11	99456	W8	RE	\$ 375.00	1		NPI		
													NPI		
<b>TOTAL</b>										\$ 1,445.00					



# Designated Doctor First Informal Rule Proposal

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.			23. PRIOR AUTHORIZATION NUMBER				
E.				F.				G.				H.			123456789				
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	F.	G.	EPSOT Family Plan	LID QUAL	RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER				\$ CHARGES	DAYS OR UNITS					
6	29	21	6	29	21	11		99456	W5				New Rate	1			NPI		
6	29	21	6	29	21	11		99456	W5	MI			New Rate	1			NPI		
6	29	21	6	29	21	11		99456	W5	MI			New Rate	1			NPI		
6	29	21	6	29	21	11		99456	W6				New Rate	1			NPI		
6	29	21	6	29	21	11		99456	W8				New Rate	1			NPI		
6	29	21	6	29	21	11		99358					New Rate	1			NPI		
TOTAL											\$	-							

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

Billing for 30 minutes of record review.  
Proposed §134.240(b)(1)

# Designated Doctor First Informal Rule Proposal

**Questions?**

# Designated Doctor First Informal Rule Proposal

**Draft text and billing examples:**

[www.tdi.texas.gov/wc/rules/drafts.html](http://www.tdi.texas.gov/wc/rules/drafts.html)

**Comment period closes:**

Friday, September 23, 2022, 5:00 p.m.

**Send comments to:**

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