

Division of Workers' Compensation Designated Doctor Billing and Reimbursement 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. 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.			E.		F.		G.		H.		I.		J.	
E.			F.			G.			H.			23. PRIOR AUTHORIZATION NUMBER											
I.			J.			K.			L.														
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.						
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	Family Plan	ID QUAL	RENDERING PROVIDER ID #						
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER														
1	6	29	21	6	29	21	11	99456	W5				\$ 350.00	1			NPI						
2	6	29	21	6	29	21	11	99456	W5	26			\$ 120.00	1			NPI						
3	6	29	21	6	29	21	11	99456	W5	MI			\$ 100.00	1			NPI						
4	6	29	21	6	29	21	11	99456	W6	RE			\$ 500.00	1			NPI						
5	6	29	21	6	29	21	11	99456	W8	RE			\$ 375.00	1			NPI						
6	6	29	21	6	29	21	11	99456	W8	RE			\$ 375.00	1			NPI						
													TOTAL		\$ 1,445.00								

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.			E.		F.		G.		H.		I.		J.	
E.			F.			G.			H.			23. PRIOR AUTHORIZATION NUMBER											
I.			J.			K.			L.														
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.						
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	Family Plan	ID QUAL	RENDERING PROVIDER ID #						
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER														
1	6	29	21	6	29	21	11	99456	W5				New Rate	1			NPI						
2	6	29	21	6	29	21	11	99456	W5				New Rate	1			NPI						
3	6	29	21	6	29	21	11	99456	W5	MI			New Rate	1			NPI						
4	6	29	21	6	29	21	11	99456	W6				New Rate	1			NPI						
5	6	29	21	6	29	21	11	99456	W8				New Rate	1			NPI						
6	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)**

Example Two

On August 9, 2021, DWC selects a designated doctor (chiropractor) to examine an injured employee with a foot and leg injury for:

- maximum medical improvement, and
- impairment rating.

The doctor takes one hour to review the records, travels to the exam on August 25, 2022, and the injured employee does not attend the exam. After several attempts to reach the injured employee, the designated doctor contacts DWC and the exam is cancelled.

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.						
E.				F.				G.				H.		23. PRIOR AUTHORIZATION NUMBER				
I.				J.				K.				L.						
24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSOT Family Plan	ID QUAL	RENDERING PROVIDER ID #			
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER								
1														NPI				
2														NPI				
3								NONE						NPI				
4														NPI				
5														NPI				
6														NPI				
TOTAL											\$	-						

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.						
E.				F.				G.				H.		23. PRIOR AUTHORIZATION NUMBER				
I.				J.				K.				L.						
24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSOT Family Plan	ID QUAL	RENDERING PROVIDER ID #			
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	POINTER								
1														NPI				
2														NPI				
3														NPI				
4														NPI				
5														NPI				
6														NPI				
8	25	21	8	25	21	11		99358			New Rate	1		NPI				
TOTAL											\$	-						

**New assignment number
Proposed §133.10(f)(N)(ii)**

123456789

**DD bills for hour of record review even though
the exam was never conducted
Proposed §134.240(b)(3)**

Example Three

On November 10, 2021, DWC selects a designated doctor (physician) to examine an injured employee with lumbar, foot and leg injury for:

- maximum medical improvement,
- impairment rating, and
- extent of injury.

The doctor takes two hours to review the records, and examines the injured employee on November 23, 2021, evaluates IR using the diagnosis related estimate (DRE) method and provides two ratings of IR.

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.		E.		23. PRIOR AUTHORIZATION NUMBER									
E.				F.				G.				H.		I.		J.									
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. \$ CHARGES		G. DAYS OR UNITS		EPSOT Family Plan		I. ID QUAL		RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
11	23	21	11	23	21	11				99456	W5					\$ 350.00	1					NPI			
2										99456	W5					\$ 300.00	2					NPI			
3										99456	W5	MI				\$ 50.00	1					NPI			
4										99456	W6	RE				\$ 500.00	1					NPI			
5																							NPI		
6																							NPI		
TOTAL																\$ 1,200.00									

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.		E.		23. PRIOR AUTHORIZATION NUMBER									
E.				F.				G.				H.		I.		J.									
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. \$ CHARGES		G. DAYS OR UNITS		EPSOT Family Plan		I. ID QUAL		RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
1										99456	W5					New Rate	1					NPI			
2										99456	W5					New Rate	3					NPI			
3										99456	W5	MI				New Rate	1					NPI			
4										99456	W6					New Rate	1					NPI			
5										99358						New Rate	1					NPI			
6										99359						New Rate	2					NPI			
TOTAL																\$ -									

New assignment number Proposed §133.10(f)(N)(ii)

RE modifier discontinued. Current §134.235

Billing for first hour of record review. Proposed §134.240(b)(1)

Billing for two additional half hours of record review. Proposed §134.240(b)(2)

Example Four

On March 21, 2022, DWC selects a designated doctor (physician) to examine an injured employee with a traumatic brain injury and a lumbar sprain/strain:

- maximum medical improvement,
- impairment rating,
- extent of injury, and
- return to work.

The doctor takes three hours to review the records, examines the injured employee on April 9, 2022, evaluates IR using ROM method for the spine and provides three ratings of IR.

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. _____																									
E. _____ F. _____ G. _____ H. _____													23. PRIOR AUTHORIZATION NUMBER												
I. _____ J. _____ K. _____ L. _____																									
24. A. DATE(S) OF SERVICE From						B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER															
1	3	21	22	3	21	22	11		99456	W5					\$ 350.00		1					NPI			
2	3	21	22	3	21	22	11		99456	W5					\$ 450.00		2					NPI			
3	3	21	22	3	21	22	11		99456	W5	MI			\$ 100.00		1					NPI				
4	3	21	22	3	21	22	11		99456	W6	RE			\$ 500.00		1					NPI				
5	3	21	22	3	21	22	11		99456	W8	RE			\$ 375.00		1					NPI				
6																						NPI			
TOTAL															\$ 1,775.00										

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. _____																									
E. _____ F. _____ G. _____ H. _____													23. PRIOR AUTHORIZATION NUMBER												
I. _____ J. _____ K. _____ L. _____																									
24. A. DATE(S) OF SERVICE From						B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSOT Family Plan		I. ID QUAL		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER															
1	4	3	22	4	3	22	11		99456	W6	25			New Rate		1					NPI				
2	4	3	22	4	3	22	11		99456	W5	MI			New Rate		1					NPI				
3	4	3	22	4	3	22	11		99456	W6				New Rate		1					NPI				
4	4	1	22	4	1	22	11		99456	W8				New Rate		1					NPI				
5	4	1	22	4	1	22	11		99358					New Rate		1					NPI				
6	4	1	22	4	1	22	11		99359					New Rate		3					NPI				
TOTAL															\$ -										

New assignment number
Proposed §133.10(f)(N)(ii)

New modifier 25 to bill for the new complex diagnosis fee. One time per exam.
Proposed §134.240(g)

RE modifier discontinued.
Current §134.235

Billing for first hour of record review.
Proposed §134.240(b)(1)

Billing for three additional half hours of record review, maximum reimbursement allowed.
Proposed §134.240(b)(2)

Example Five A

On September 6, 2021, DWC selects a designated doctor (physician) to examine an injured employee with a spinal cord injury for:

- maximum medical improvement,
- impairment rating,
- extent of injury, and
- return to work.

The doctor takes three hours to review the records, travels to the exam on September 29, 2021, and the injured employee does not attend the exam. Designated doctor bills for record review one week later.

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.			E.		F.		G.		H.		I.		J.			
E.			F.			G.			H.			I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES			E.		G.		H.		I.		J.	
From			To			B. PLACE OF SERVICE		C.	D. (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSOT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID #								
MM	DD	YY	MM	DD	YY		EMG	CPT/HCPCS	MODIFIER																
1																									
2																									
3								NONE																	
4																									
5																									
6																									
TOTAL												\$	-												

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.			E.		F.		G.		H.		I.		J.			
E.			F.			G.			H.			I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE													D. PROCEDURES, SERVICES, OR SUPPLIES			E.		G.		H.		I.		J.	
From			To			B. PLACE OF SERVICE		C.	D. (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSOT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID #								
MM	DD	YY	MM	DD	YY		EMG	CPT/HCPCS	MODIFIER																
1																									
2	9	29	21	9	29	21		99358				New Rate	1												
3	9	29	21	9	29	21		99359				New Rate	3												
4																									
5																									
6																									
TOTAL												\$	-												

**New assignment number
Proposed §133.10(f)(N)(ii)**

**Billing for first hour of record review, even though the exam was not held.
Proposed §§134.240(1) and (3)**

**Billing for three additional half hours of record review, maximum reimbursement allowed even though the exam was not held.
Proposed §§134.240(2) and (3)**

