



What's new in workers' compensation?

- 28 TAC 180.2. Filing a Complaint has been revised and adopted. Rule limits the ability for HCP to file a complaint if after 12 months from date of service.
- Next DWC CompCourse being offered May 22, on "Presiding Officer Directives", continuing education credit offered.
- Texas Workers' Compensation Conference: Amplify (all virtual) coming October 2024, more details soon.
- HCP Outreach and Education Boot Camp Series repeat begins August 1st, registration now open.
- DD and other certifying doctor testing requirements have been simplified.

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Billing and Reimbursement Training for
Designated Doctor and Other Certifying
Doctor Exams

Division of Workers'
Compensation
2024

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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).

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Overview

- Amended, repealed/replaced, and new rules.
- New billing requirements.
- New reimbursement.
- Billing instructions and examples by doctor role.
- DWC resources.

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Texas workers'
compensation
rules (TAC)

**Amended,
repealed/replaced,
and new TAC**

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Chapter 133. General Medical Provisions

Amended 28 TAC Sec.:

Subchapter B. Health Care Provider Billing Procedures

133.10. Required Billing Forms/Formats
133.20. Medical Bill Submission by Health Care Provider

Subchapter C. Medical Bill Processing/Audit by Insurance Carrier

133.200. Insurance Carrier Receipt of Medical Bills from Health Care Providers

Subchapter G. Electronic Medical Billing, Reimbursement, and Documentation

133.502. Electronic Medical Billing Supplemental Data Requirements

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Chapter 134. Benefits--Guidelines for Medical Services, Charges, and Payments

28 TAC Repealed Rules

134.235. Return to Work/
Evaluation of Medical Care
134.239. Billing for Work
Status Reports
134.240. Designated Doctor
Examinations

28 TAC Replacement Rules

134.235. Required Medical
Examinations
134.239. Billing for Work
Status Reports
134.240. Designated Doctor
Examinations

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Chapter 134. Benefits--Guidelines for Medical Services, Charges, and Payments

Amended and New 28 TAC Sec.:

Subchapter C. Medical Fee Guidelines

134.209. Applicability

134.210. Medical Fee Guideline for Workers' Compensation
Specific Services

134.250. Maximum Medical Improvement Evaluations and Impairment Rating
Examinations by Treating Doctor

134.260. Maximum Medical Improvement Evaluations and Impairment Rating
Examinations by Referred Doctors (new)

Summary of Major Changes

- Related fees have a one-time catch-up adjustment by applying the MEI percentage adjustment factor for the period of 2009 to 2024.
- Related fees will have an annual adjustment on January 1 of each year by applying the MEI for that year.
- Round all related fee reimbursements to the nearest whole dollar.

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Summary of Major Changes

- \$100 missed appointment fee for DD exams only.
- \$300 specialist fee for DD exams for certain complex diagnoses (28 TAC Sec. 127.130).
- DWC assignment number will be required on DD medical bills and any DD-ordered testing or evaluation medical bills.

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Summary of Major Changes

- Added and deleted modifiers.
- Created a single method of billing for IR regardless of range of motion or diagnosis related estimate use.
- For DD and RME doctor exams, the rules eliminate any tiering, all issues addressed within one examination will be paid at the established fee and not reduced.

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Chapters 133

Changes to billing requirements

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New Billing Rules Effective Dates for Medical Bills

The effective date for the billing rule amendments:

- For medical bills submitted on or after June 1, 2024.
- For DD only – medical bills submitted for:
 - DWC- examinations ordered on or after June 1, 2024; or
 - Bills submitted by the HCP performing additional testing or evaluation resulting from a DD exam ordered on or after June 1, 2024.

28 TAC Sec. 133.10(l), 133.20(o), and 133.502(g)

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Billing Requirement Changes

Major changes are:

- The DWC assignment number is required in the preauthorization field for DD and any DD-ordered testing or evaluation medical bills.
- The DD "to" and "from" dates are clarified for the 95-day billing deadline.
- We added two new DWC-specific modifiers for DDs only.
- We deleted some DWC-specific modifiers.

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What is an assignment number?

- The DWC assignment number is a 12-digit number given to the DD when DWC generates the order (OA32) for a DD exam.
- It identifies medical bills for the DD and related testing or evaluation that the DD orders.
- It is not a preauthorization number because preauthorization is not required for DD examinations and related testing or evaluations the DD orders.

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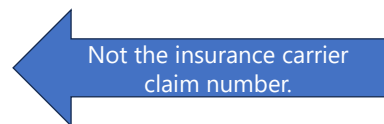
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What does an assignment number look like?

The format of the 12-digit DWC assignment number (12345678DD01) is:

- First 8 digits = DWC claim number;
- Two digits = "DD"; and
- Two digits = number indicating whether this is the first, second, third, and so forth, ordered DD examination.



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When is the assignment number required?

The DWC assignment number is required for:

- Any medical bill for DD examinations ordered on or after June 1, 2024.
- Any HCP medical bill who conducts DD ordered testing or evaluation when the related DD examination was ordered on or after June 1, 2024.

RME, TD and RDs are not required to use.

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Where does the assignment number go on the medical bill?

The DWC assignment number is required in fields:

- CMS-1500, field #23, prior authorization.
- UB-04, field #63, treatment authorization codes.
- DWC-066, field #30, preauthorization number.
- ADA Dental Form, field #2, predetermination/preauthorization number.

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DWC Assignment Number

DWC provides the assignment number to the DD at the top of the DWC order (OA32).



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

Injured employee: Name

DWC #: DWC Claim #

Date of injury: Date

Employer: Name

Insurance carrier: Name

Insurance carrier claim #: Carrier Claim #

DD Assignment #:

Date: Letter Date



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DD Insurance Carrier Medical Bill Processing Contact Information

DWC will also provide insurance carrier medical bill processing contact information and the DWC assignment number to the DD at the bottom of the DWC order (OA32).

Insurance carrier medical bill processing contact information:

DD assignment #: DWC Claim # + DD + Sequence #

Business name: Name

Mailing address: Address

Phone number: Phone #

Fax number: Fax #

Email address: Email Address

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DD Billing Deadline

A DD must submit a medical bill:

- No later than 95 days after the date the DD exam was provided, if no additional testing has been ordered; or
- When additional testing or evaluation is completed on the same day.

28 TAC Sec. 133.20(b). Medical Bill Submission by Health Care Provider

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DD Medical Bill Dates of Service – Example of No Testing Ordered

DD exam conducted on 7-8-24; no testing ordered or if ordered, test occurred on same day.

24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-10 Entry Rate	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	
07	08	24	07	08	24				11			99456	W5		ABCD	449.00	1		NPI		
																			NPI		
																			NPI		
																			NPI		
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																			NPI		
25. FEDERAL TAX I.D. NUMBER						SSN		EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (for govt claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Paid for NUCC Use	
														<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 449.00		\$			

95-day deadline
based on
07/08/24

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DD Medical Bill Dates of Service – Testing Ordered

When a DD refers an injured employee for additional testing or evaluations, the dates of service on the CMS-1500 field #24A are:

- "From" date = date of DD exam.
- "To" date = date of related testing or evaluation.

The 95-day bill submission period begins on the "To" date, not the "From" date when it's later than the DD exam.

28 TAC Sec. 133.20(b). Medical Bill Submission by Health Care Provider

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DD Medical Bill Dates of Service – Example of DD-Ordered Testing Completed after DD Exam

DD exam conducted on 7-8-24, and DD-ordered testing completed 7-22-24.

24. A. DATE OF SERVICE				B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTNER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPISODE Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY									
07	08	24	07	22	24		99456	W5	ABCD	449	00	1	NPI	
07	08	24	07	22	24		99456	W5	ABCD	385	00	1	NPI	
													NPI	
													NPI	
													NPI	
													NPI	
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID	
									<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 834 00		\$	
30. BALANCE DUE														

Use To date, 07/22/24 for 95-day deadline

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Current DD-Only Modifiers

The following are existing modifiers that continue to be required for DD only:

- W5 – DD examination for IR or attainment of MMI.
- W6 – DD examination for EOI.
- W7 – DD examination for disability.
- W8 – DD examination for RTW.
- W9 – DD examination for other similar issues.
- MI – DD is required to complete multiple IR calculations.

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New DD-Only Modifiers

The following are new modifiers for DD exams only:

- 25 – DWC ordered the DD to perform an examination of an injured employee with one or more diagnoses listed in 28 TAC Sec.127.130(b)(9)(B)–(I).
- 52 – DWC ordered the DD to perform an examination of an injured employee, and the injured employee failed to attend the examination. (DD waits at the exam location for at least 30 minutes after scheduled appointment time).

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Current Modifiers

The following are existing modifiers that continue to be required:

- NM – Not at MMI.
- V3 –TD evaluation of MMI (equal to 99213 level).
- V4 –TD evaluation of MMI (equal to 99214 level).
- V5 –TD evaluation of MMI (equal to 99215 level).
- VR – View Report (TD only).

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Deleted Modifiers

The following modifiers have been deleted:

- RE – Return to work/evaluation of medical care.
- SP – Specialty area.
- TC – Technical component.
- 26 – Professional component.
- WP – Whole procedure.
- V1 – Level of MMI (TD)
- V2 – Level of MMI (TD)

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Applies to all
doctors conducting
MMI/IR
examinations.

General information and definitions

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What does “authorized doctor” mean?

Only an authorized doctor may certify MMI, determine whether there is permanent impairment, and assign an IR. Full authorization to assign an IR and certify MMI requires a doctor to obtain certification by:

- Taking the required DWC training (every two years).
- Taken and passed the required test once (on or after May 13, 2013, or as requested).
- Been certified by DWC to conduct IR.

28 TAC Sec. 130.1. Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment and Sec. 180.23 Division Required Training for Doctors

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Doctor Roles

DD

An authorized doctor that DWC selects and trains to resolve questions about an injured employee's medical condition or a dispute about a work-related injury or illness. A DD may order testing or evaluation from other HCPs to assist with the DD's evaluation of the disputed issue.

RME doctor

An authorized doctor who examines an injured employee in response to a request from the insurance carrier or DWC after a DD exam, except for appropriateness of health care examinations.

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Doctor Roles

TD

A doctor (who may or may not be certified) primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury.

RD

An authorized doctor who the treating doctor (who is not certified) refers an injured employee to when the TD believes there may be permanent impairment.

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28 TAC Sec.:

134.235. Required Medical
Examinations

134.240. Designated Doctor
Examinations

134.250. Maximum Medical
Improvement Evaluations and
Impairment Rating Examinations by
Treating Doctors

134.260. Maximum Medical
Improvement Evaluations and
Impairment Rating Examinations by
Referred Doctors

Reimbursement

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Effective Date for New Fees

New reimbursement rules 28 TAC Sec. 134.209, 134.210, 134.215, 134.220, 134.225, 134.230, 134.235, 134.239, 134.240, 134.250, and 134.260 are effective for:

Dates of service on or after June 1, 2024.

28 TAC Sec. 134.209(b). Applicability.

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Effective Date Examples for DD Medical Bills

Date DD exam ordered	Date DD exam conducted	Date DD medical bill submitted	Do the new billing rules apply, and is the assignment number required?	Do the new reimbursement rules apply?
05-08-2024	05-22-2024	06-05-2024	No	No
05-15-2024	06-03-2024	06-13-2024	No	Yes
06-03-2024	06-13-2024	06-26-2024	Yes	Yes

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Effective Date Examples for RME, TD, and RD (IR, MMI, etc.) Medical Bills

Date RME, TD, RD exam conducted	Date medical bill submitted	Do the new billing rules apply? (Assignment number is not required on these medical bills.)	Do the new reimbursement rules apply?
05-22-2024	06-11-2024	Yes	No
06-03-2024	06-25-2024	Yes	Yes

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MEI One-Time and Annual Adjustments to Reimbursement

Fees established in 28 TAC Sec.134.235, 134.240, 134.250, and 134.260:

- One-time adjustment applies to the new fees by applying the MEI percentage adjustment factor for the period of 2009-2024, (TD MMI exam fee one-time adjustment not applicable).
- Fees will be adjusted in January every year, beginning January 1, 2025, by applying the MEI percentage adjustment factor. 28 TAC Sec. 134.203(c)(2).
- Annual MEI information can be found on the "Conversion Factor" DWC webpage. (www.tdi.texas.gov/wc/fee/conversionfactors.html)

Note: The rule language will continue to list 2024 amounts, even though the fees will be adjusted on an annual basis.

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MEI Adjustment to Reimbursement (2008 to 2024)

Exam fees

Applicable Dates of Service	3/1/2008 to 5/31/2024	6/1/2024 to 12/31/2024
Annual MEI percentage	n/a	n/a
Maximum Medical Improvement Exam by Referral Doctor/RME Doctor/DD	\$350.00	\$449.00
Impairment Rating Exam by Treating Doctor/Referral Doctor/RME Doctor/DD	\$300.00	\$385.00
Additional IR Area Exam by Treating Doctor/Referral Doctor/RME Doctor/DD	\$150.00	\$192.00
Extent of Injury Exam by RME Doctor/DD	\$500.00	\$642.00
Disability Exam by RME Doctor/DD	\$500.00	\$642.00
Return to Work Exam by RME Doctor/DD	\$500.00	\$642.00
Other Exam by RME Doctor/DD	\$500.00	\$642.00
Missed Appointment (DD ONLY)\$100.00	n/a	n/a
Specialist Required (DD ONLY)	n/a	\$300.00
Appropriateness of Medical Care (RME DOCTOR ONLY)	\$500.00	\$642.00

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MEI Adjustment to Reimbursement - Rounding

Round fees to whole dollars by reducing amounts under 50 cents and increasing amounts from 50 to 99 cents to the next whole dollar.

Examples:

- \$1.39 becomes \$1.00.
- \$2.50 becomes \$3.00.

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Billing and Reimbursement Changes

When billing for MMI, IRs, and similar examinations:

Doctors must bill and be reimbursed at the MAR.

28 TAC Sec. 134.210 (e). Medical Fee Guideline for Workers' Compensation Specific Services

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MMI Exam Billing

If a doctor has determined that MMI has been reached and there is no permanent impairment because the injury is sufficiently minor:

- An IR evaluation is not warranted and not billed.
- Only the MMI evaluation portion is billed.

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Reimbursement Components for MMI and IR

The MAR for MMI and IR exams is equal to the reimbursement for the MMI evaluation plus the reimbursement for the body areas evaluated for assignment of an IR.

$$\text{MMI} + \text{IR exam} = \text{MAR}$$

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MMI and IR Exam Billing

For a certifying doctor that has determined MMI has been reached and conducted an IR examination:

- Both the MMI and the IR portions of the examination must be billed and reimbursed, and
- Regardless of whether the doctor conducted the IR exam using ROM or DRE, the billing and reimbursement is a single method of billing.

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Reimbursement Components for MMI and IR

Total MAR for MMI and IR examinations includes the following components:

- Examination.
- Consultation with the injured employee.
- Review of records and films.

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Reimbursement Components for MMI and IR

Cont'd:

- Preparation and submission of reports, including the narrative report and responding to the need for further clarification; explanation; or reconsideration, calculation tables, figures, and worksheets.
- Tests used to assign the IR as outlined in the AMA Guides.

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IR Exam Billing and Reimbursement – Musculoskeletal Body Areas

For an IR examination involving MSK body areas, the certifying doctor may bill a maximum of three body areas:

- Spine and pelvis;
- Upper extremities and hands; and
- Lower extremities (including feet).

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IR Exam Billing and Reimbursement – Non-Musculoskeletal Areas

For an IR examination involving non-MSK body areas, the certifying doctor must bill for each non-MSK area that is defined as follows:

- Body systems;
- Body structures (including skin); and
- Mental and behavioral disorders.

For a complete list of body system and body structure non-MSK body areas, refer to the appropriate AMA Guides.

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Incentive Payments

When billing for MMI, IRs, and similar examinations:

- Reimbursement must include a 10% incentive payment to the MAR when services are performed in designated workers' compensation underserved areas according to 28 TAC Sec. 134.2. Incentive Payments for Workers' Compensation Underserved Areas.
- **The 10% incentive payment does not apply to missed appointment fees for DDs under 28 TAC Sec. 134.240.**

28 TAC Sec. 134.210 (b)(3). Medical Fee Guideline for Workers' Compensation Specific Services

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Billing for Work Status Reports

DWC Form-073, *Work Status Reports*:

- No change in billing.
- Instructions for completing and billing a work status report are under 28 TAC Sec. 129.5. Work Status Reports.
- Work status reports may not be billed or reimbursed separately when completed as a component of a DWC-ordered exam.
- DWC-ordered exams are:
 - DD exams.
 - RME.

28 TAC Sec. 134.239. Billing for Work Status Reports

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28 TAC Sec.
134.240.
Designated Doctor
Examinations

**DD billing and
reimbursement**

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DD Examinations Billing and Reimbursement

28 TAC Sec.134.240. Designated Doctor Examinations

- DDs must perform examinations in accordance with Labor Code Sec. 408.004, 408.0041, and 408.151 and DWC rules.
- DD examinations are DWC-ordered examinations to assist in resolving disputes.
- DD exam bills must have the DWC assignment number in the prior authorization number (field #23) on the CMS-1500.

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DD Examinations Billing and Reimbursement

Types of DD Examinations:

- MMI.
- IR.
- EOI.
- Disability.
- RTW.
- Other similar issues.

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DD Billing and Reimbursement – Not at MMI

When a DD determines that the injured employee has not reached MMI, the DD must bill:

- CPT code 99456 – NM modifier.
- Reimbursement for an MMI exam – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Billing and Reimbursement – at MMI with No Impairment

When a DD determines that the injured employee has reached MMI and there is no permanent impairment, the DD must bill:

- CPT code 99456 – W5 modifier.
- Reimbursement for an MMI exam – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Billing and Reimbursement – at MMI and IR

When a DD determines that the injured employee has reached MMI and an IR exam is conducted, the DD must bill for the MMI and the IR:

- CPT code 99456 – W5 modifier.
- Reimbursement for an MMI exam – \$449.*
- The DD must also bill the IR exam. (cont'd)

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD IR Exam Billing and Reimbursement – MSK Body Areas

For an IR examination involving MSK body areas, the DD must bill:

- CPT code 99456 – W5 modifier.
- Number of units reflect the number of MSK body areas examined (maximum of 3).
- First MSK area reimbursed at \$385.*
- Each additional MSK area reimbursed at \$192.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD IR Exam Billing and Reimbursement – Non-MSK Areas

For an IR examination involving non-MSK body areas, the DD must bill for each non MSK area:

- CPT code 99456 – W5.
- Each non-MSK body area reimbursement – \$192.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD IR Exam Billing and Reimbursement – Tests

For an examination for the determination of MMI or the assignment of IR requires testing authorized by Chapter 127, **not outlined** in the AMA Guides:

- Bill using the appropriate CPT code for that test.
- Reimbursed according to the applicable DWC fee guidelines in addition to the other examination reimbursement (MMI, IR, etc.).

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DD Orders Additional Testing or Evaluations Billing and Reimbursement

28 TAC Sec. 127.10. General Procedures for Designated Doctor Examinations:

- A DD must refer to another HCP for additional testing or evaluations when the referral is necessary to resolve the issue in question. The DD must provide the DWC assignment number to the testing HCP.
- Preauthorization from the insurance carrier is not required for the HCP conducting DD-ordered additional testing or evaluations.
- An insurance carrier may not deny DD-ordered testing or evaluations for lack of medical necessity, EOI, or compensability, but the carrier may review the bill for proper billing and coding.
- The DD can make referrals to HCPs regardless of network affiliation to the claim.

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DD Orders Additional Testing or Evaluations Billing and Reimbursement

The testing or evaluation HCP must:

- Reference resource document "**Health care providers receiving referrals from designated doctors**" for billing instructions: tdi.texas.gov/wc/hcprovider/documents/dd-referrals.pdf
- Bill using the appropriate CPT codes for that test.
- Bill using the DWC-provided assignment number in the prior authorization field.
- Attach the required documentation.

Reimbursement will be according to the applicable DWC medical fee guideline.

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Additional Testing or Evaluation HCP's Medical Bill Example

DD-ordered additional testing or evaluation HCP's medical bill must include the DWC assignment number.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 05 15 2023 QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Johnny Desdoc, MD			17a. OB MDQ1234TX			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
17b. NPI 1234556789								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Designated Doctor Referral			Optional			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY - ICD-10 CODE (4 DIGIT) A. Z04.2 B. H33.022 C. H15.842 D. ICD Ind. 1 E. W27.0XXA F. G. H. I. J. K. L.			22. RESUBMISSION CODE ORIGINAL REF. NO.			23. PRIOR AUTHORIZATION NUMBER DWC Assignment #		
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER MM DD YY MM DD YY 07 20 23 07 20 23 11 99172 ABCDE			Required DWC 12-digit assignment # from DD to referred provider					

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DD EOI Exam – Billing and Reimbursement

When performing an EOI examination, the DD must bill:

- CPT code 99456 – W6 modifier.
- Reimbursement for DD EOI examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Disability Exam – Billing and Reimbursement

When performing examinations to determine if the injured employee's disability is a direct result of the work-related injury, the DD must bill:

- CPT code 99456 – W7 modifier.
- Reimbursement for DD disability examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD RTW Exam – Billing and Reimbursement

When performing examinations to determine the injured employee's ability to RTW, the DD must bill:

- CPT code 99456 – W8 modifier.
- Reimbursement for DD RTW examination – \$642.*
- Work status reports may not be billed and reimbursed separately.

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Other Similar Issues – Billing and Reimbursement

When performing examinations to determine other similar issues, the DD must bill:

- CPT code 99456 – W9 modifier.
- Reimbursement for DD other similar issues examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Exams for Certain Diagnoses Billing and Reimbursement

When DWC orders a DD to perform an examination of an injured employee with one or more of the diagnoses listed in 28 TAC Sec. 127.130(b)(9)(B)-(I), the DD must bill by adding modifier "25."

- CPT code 99456 – 25 modifier.
- Reimbursement – \$300.*
- This fee is billed once per bill when addressing issues on the same day, regardless of the number of diagnoses or the number of issues DWC ordered the DD to examine.

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD IR Exam Billing and Reimbursement – Multiple IRs

For an IR examination requiring multiple IR calculations:

- CPT code 99456 – W5 MI modifiers.
- Number of units is the number of body areas rated.
- Reimbursement for multiple IRs – \$64* for each additional IR calculation.

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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DD Missed Appointment Fee

For DDs only when:

- The injured employee does not attend a properly scheduled or rescheduled examination; and
- The DD waits at the examination location for at least 30 minutes after the scheduled appointment time.

28 TAC Sec. 134.240(b)(1). Designated Doctor Examinations.

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How does a DD bill for a missed appointment fee?

DDs must bill for missed appointment fees as shown below:

- CPT code 99456 – 52 modifier.
- Missed appointment reimbursement – \$100.*
- The missed appointment fee does not qualify for a 10% incentive pay for underserved areas according to 28 TAC Sec. 134.2. Incentive Payments for Workers' Compensation Underserved Areas.

*\$100 missed appointment fee will be adjusted annually according to 28 TAC Sec. 134.210(b)(4).

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DD billing examples

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2024 DD Billing Example 1

The DD examines an injured employee with a lumbar sprain/strain for MMI, IR, EOI, and RTW exam. The DD uses the ROM method to evaluate IR:

Exam	CPT	Modifier	Units	Fees
MMI	99456	– W5	1	\$449.00
IR	99456	– W5	1	\$385.00
EOI	99456	– W6	1	\$642.00
RTW	99456	– W8	1	<u>\$642.00</u>
				\$2118.00

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2024 DD Billing Example 2

The DD examines an injured employee with a lumbar, foot, and leg injury for MMI, IR, and EOI. The DD uses the DRE method to evaluate IR and completed a second IR at the request of DWC.

Exam	CPT	Modifier	Units	Fees
MMI	99456	– W5	1	\$449.00
IR	99456	– W5	2	\$577.00 (\$385.00 + \$192.00)
IR (2 nd)	99456	– W5- MI	1	\$64.00
EOI	99456	– W6	1	<u>\$642.00</u>
				\$1732.00

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2024 DD Billing Example 3

The DD examines an injured employee with a lumbar strain and lower leg for MMI, IR, EOI, and RTW. The DD uses the DRE method to evaluate the spine and ROM for the lower leg.

Exam	CPT	Modifier	Units	Fees
MMI	99456	– W5	1	\$449.00
IR	99456	– W5	2	\$577.00 (\$385 + \$192)
EOI	99456	– W6	1	\$642.00
RTW	99456	– W8	1	<u>\$642.00</u>
				\$2310.00

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2024 DD Billing Example 4

The DD examines an injured employee with a spinal cord injury for MMI, IR, EOI, and RTW on October 15, 2024. The DD uses the ROM method to evaluate the spine for IR. The DD sends the injured employee for additional testing that is conducted on November 1, 2024.

From:	To:	Exam	CPT	Modifier	Units	Fees
10-15-24	11-01-24	MMI	99456	– W5 – 25	1	\$749.00 (\$449 + \$300*)
10-15-24	11-01-24	IR	99456	– W5	1	\$385.00
10-15-24	11-01-24	EOI	99456	– W6	1	\$642.00
10-15-24	11-01-24	RTW	99456	– W8	1	<u>\$642.00</u>
						\$2418.00

95-day
deadline
starts using
To date 11-
01-24

No tiering

*Specialty fee reimbursed because diagnoses is listed in 28 TAC Sec. 127.130.

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2024 DD Billing Example 5

The DD is ordered to examine an injured employee with a foot and leg injury for MMI and IR. The doctor travels to the exam site, and the injured employee does not attend the exam. After waiting 40 minutes, the DD leaves. The DD bills for a missed appointment.

Exam	CPT	Modifier	Units	Fees
Missed appt	99456	- 52	1	\$100.00

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28 TAC Sec. 134.235.
Required Medical
Examinations

RME billing and reimbursement

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RME Examinations Billing and Reimbursement

28 TAC Sec.134.235. Required Medical Examinations

- RME exams are performed in accordance with Labor Code Sec. 408.004, 408.0041, 408.0043, and 408.0045 and DWC rules.
- Examines the injured employee in response to a request from the insurance carrier or DWC.
- An RME exam is conducted only after a DD examination (Exception: to address appropriateness of the health care).

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RME Examinations Billing and Reimbursement

Types of RMEs:

- MMI.
- IR.
- EOI.
- Disability.
- RTW.
- Other similar issues.
- Appropriateness of health care.

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RME Examinations Billing and Reimbursement

28 TAC Sec. 134.235. Required Medical Examinations

- This is a new rule just for RME doctors.
- Only RME doctors that are authorized can bill and be reimbursed for an MMI or IR examination.
- When an RME is performed, billing and reimbursement will be similar to DDs but with some exceptions.

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RME Examinations Billing and Reimbursement

28 TAC Sec. 134.235. Required Medical Examinations

Exceptions

- No W5-9 modifiers used.
- No extra reimbursement for special diagnoses in 28 TAC Sec. 127.130(b)(9)(B)-(I) examinations.
- No extra payment for multiple IRs, and "MI" modifier is not used.
- No missed appointment fees are allowed.
- No DWC assignment number is issued or required.

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RME Billing and Reimbursement – Not at MMI

When an RME doctor determines that the injured employee has not reached MMI, they must bill:

- CPT code 99456 – NM modifier.
- Reimbursement for an MMI examination – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Billing and Reimbursement – at MMI with No Impairment

When an RME doctor determines that the injured employee has reached MMI and there is no permanent impairment, they must bill:

- CPT code 99456.
- MMI examination reimbursement – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Billing and Reimbursement – at MMI and IR

When an RME doctor determines that the injured employee has reached MMI and an IR exam is conducted, the RME doctor must bill for the MMI and the IR:

- CPT code 99456.
- MMI examination reimbursement – \$449.*
- RME must also bill the IR exam (cont'd).

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME IR Exam Billing and Reimbursement – MSK Body Areas

For an IR examination involving MSK body areas, the RME doctor must bill:

- CPT code 99456.
- The number of units reflects the number of MSK body areas examined (maximum of 3).
- First MSK area reimbursed at \$385.*
- Each additional MSK area reimbursed at \$192.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME IR Exam Billing and Reimbursement – Non-MSK Areas

For an IR examination involving non-MSK body areas, the RME doctor must bill for each non-MSK area.

- CPT code 99456.
- Each non-MSK body area reimbursement – \$192.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME IR Exam Billing and Reimbursement – Tests

For an examination for the determination of MMI or the assignment of IR requires testing **not outlined** in the AMA Guides:

- Bill using the appropriate CPT code for that test.
- Reimbursed according to the applicable DWC fee guidelines, in addition to the other examination reimbursement (MMI, IR, etc.).

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RME EOI Exam – Billing and Reimbursement

When an RME doctor performs EOI examinations, the RME doctor must bill:

- CPT code 99456.
- Reimbursement for EOI examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Disability Exam – Billing and Reimbursement

When an RME doctor performs examinations to determine if the injured employee's disability is a direct result of the work-related injury, the RME doctor must bill:

- CPT code 99456.
- Reimbursement for disability examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME RTW Exam – Billing and Reimbursement

When an RME doctor performs examinations to determine the ability of the injured employee to RTW, the RME doctor must bill:

- CPT code 99456.
- Reimbursement for RTW examination – \$642.*
- Work status reports may not be billed and reimbursed separately.

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Other Similar Issues – Billing and Reimbursement

When an RME doctor performs examinations to determine other similar issues, the RME doctor must bill:

- CPT code 99456.
- Reimbursement for DD other similar issues examination – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Appropriateness of Care – Billing and Reimbursement

When an RME doctor performs examinations to determine appropriateness of health care according to 28 TAC Sec. 126.6 (e), the RME doctor must bill:

- CPT code 99456.
- Reimbursement for appropriateness of care – \$642.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RME Doctor Orders Tests or Evaluations – Billing and Reimbursement

When the RME doctor refers the injured employee to another HCP for testing or evaluation to determine IR, the testing or evaluation HCP must:

- Bill using the appropriate CPT codes for that test.
- Attach the required documentation, including documentation of the referral.

Reimbursement must be according to the applicable DWC medical fee guideline.

Note: The DWC assignment number is not assigned for an RME examination and is not required for the RME bill or the testing or evaluation HCP's medical bill.

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RME billing examples

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2024 RME Billing Example 1

The RME doctor examines an injured employee with a lumbar sprain/strain for MMI, IR, EOI, and RTW exam. The RME doctor uses the ROM method to assess IR:

<u>Exam</u>	<u>CPT</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	1	\$449.00
IR	99456	1	\$385.00
EOI	99456	1	\$642.00
RTW	99456	1	<u>\$642.00</u>
			\$2118.00

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2024 RME Billing Example 2

The RME doctor examines an injured employee with a lumbar sprain/strain for MMI, IR, EOI, and RTW exam. The RME doctor uses the ROM method to assess IR and provides a total of two IRs:

Exam	CPT	Units	Fees
MMI	99456	1	\$449.00
IR*	99456	1	\$385.00
EOI	99456	1	\$642.00
RTW	99456	1	<u>\$642.00</u>
			\$2118.00

*Modifier "MI" is not allowed and no payment for additional IRs.

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2024 RME Billing Example 3

The RME doctor examines for MMI and determines the injured employee is not at MMI.

Exam	CPT	Modifier	Units	Fees
MMI	99456	- NM	1	\$449.00

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2024 RME Billing Example 4

The RME doctor examines an injured employee with a lumbar sprain/strain and lower leg injury for MMI, IR, and EOI. The RME doctor uses the ROM method to assess IR in both body areas (spine and lower extremity):

Exam	CPT	Units	Fees
MMI	99456	1	\$449.00
IR	99456	2	\$577.00 (\$385 + \$192)
EOI	99456	1	\$642.00
RTW	99456	1	<u>\$642.00</u>
			\$2310.00

28 TAC Sec.134.250.
Maximum Medical
Improvement Evaluations
and Impairment Rating
Examinations by Treating
Doctors

**TD-billing and
reimbursement**

Authorized TD or Referral to Authorized Doctor MMI and IR Exams

A TD must be an authorized doctor in accordance with Chapter 130 and 28 TAC Sec. 180.23 to bill and be reimbursed for:

- MMI **and** IR.
- If a TD is not authorized, the TD may refer to an authorized doctor for MMI and IR.

Note: An MMI examination with no possibility of impairment does not require the TD to be authorized; only MMI and IR together.

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TD Billing and Reimbursement – Not at MMI

When the TD determines an injured employee is not at MMI the **CPT code is 99455** with the appropriate modifier that relates the applicable established patient office visit level:

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

NOTE: NM modifier is not required.

*Use 28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services calculations for corresponding office visit. Rounding does not apply.

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TD Billing and Reimbursement – at MMI with No Impairment

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

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

*Use 28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services calculations for corresponding office visit. Rounding does not apply.

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TD Billing and Reimbursement – for MMI and IR Examinations

When the authorized TD determines that MMI has been reached and an IR exam is conducted, the TD must bill for the MMI and the IR:

- CPT code 99455 – with appropriate modifier (V3-V5).
- Reimbursement according to 28 TAC Sec.134.203. Medical Fee Guideline for Professional Services.
- TD must also bill for IR (cont'd).

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TD IR Exam Billing and Reimbursement – MSK Body Areas

For an IR examination involving MSK body areas, the TD must bill:

- CPT code 99455.
- number of units reflects the number of MSK body areas examined.
- First MSK area reimbursed at \$385.*
- Each additional MSK area at \$192.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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TD IR Examinations – Non-MSK Body Areas

When the TD performs the IR, each non-MSK body area is billed and reimbursed:

- CPT Code 99455.
- Reimbursement for each non-MSK body area – \$192.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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TD IR Exam Billing and Reimbursement – Tests

For an examination for the determination of MMI or the assignment of IR requires testing **not outlined** in the AMA Guides:

- Bill using the appropriate CPT code for that test.
- Reimbursed according to the applicable DWC fee guidelines, in addition to the other examination reimbursement (MMI, IR, etc.).

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TD Review of MMI and IR Certification

When the TD is required to review the certification of MMI and IR performed by another doctor according to Chapter 130, the TD must bill:

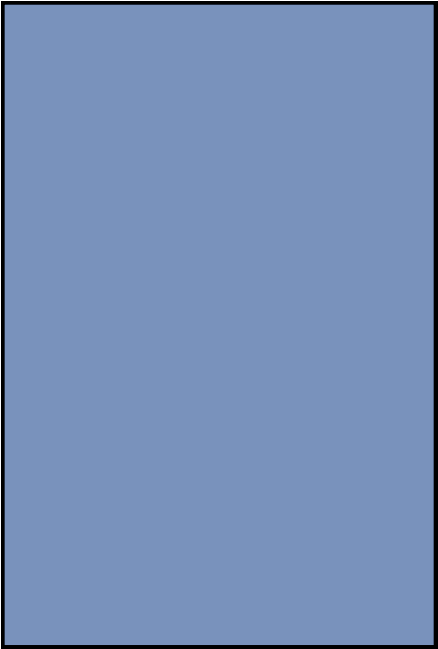
- CPT code 99455 – VR modifier.
- Reimbursement – \$64.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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TD billing examples

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2024 TD Billing Example 1

TD examines an injured employee with a non-network injury in Austin, Texas with a lumbar sprain/strain with the complexity/time related to 99213. The TD determines the injured employee has met the MMI date, and there is no permanent impairment:

Exam	CPT	Modifier	Units	Fees
MMI	99455	- V3	1	approximately \$188.68*

*Calculated according to 28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services. (204% of Medicare reimbursement for 99213 in Austin, Texas April 2024). Rounding does not apply.

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2024 TD Billing Example 2

The TD authorized to conduct MMI and IR examines an injured employee July 23, 2024, in Austin, Texas with a lumbar sprain/strain with the complexity/time related to 99214. The TD determines the injured employee is at MMI date and has permanent impairment. The TD conducts an IR examination using ROM for MSK body area of spine.

Exam	CPT	Modifier	Units	Fees
MMI	99455	- V4	1	\$266.22*
IR	99455		1	<u>\$385.00**</u>
				\$651.22

*Calculated approximate according to 28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services. Rounding does not apply.

**Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

28 TAC Sec. 134.260.
Maximum Medical
Improvement Evaluations
and Impairment Rating
Examinations by
Referred Doctors

RD billing and reimbursement

RD MMI and IR Examinations Authorization

An RD is a doctor that:

- The TD refers the injured employee to if the TD is not authorized to conduct the MMI and the IR according to 28 TAC Sec. 134.250(b)(4); and
- Is authorized in accordance with Chapter 130 and 28 TAC Sec. 180.23 to conduct the MMI and the IR.

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RD Billing and Reimbursement – Not at MMI

When an RD determines that MMI has not been reached, they must bill:

- CPT code 99456 – NM modifier.
- Reimbursement for an MMI examination – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RD Billing and Reimbursement – MMI with No Impairment

When an RD determines that the injured employee has reached MMI and there is no permanent impairment, the RD must bill:

- CPT code 99456.
- Reimbursement for an MMI examination – \$449.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RD Billing and Reimbursement – MMI and IR

When an RD determines that the injured employee has reached MMI and there is permanent impairment, the RD must bill:

- CPT code 99456.
- MMI examination reimbursement – \$449.*
- For IR (cont'd).

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RD IR Exam Billing and Reimbursement – MSK Body Areas

For an IR examination involving MSK body areas, the RD must bill:

- CPT code 99456.
- Number of units reflects the number of MSK body areas examined.
- First MSK area reimbursed at \$385.*
- Each additional MSK area reimbursed at \$192.*

* Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RD IR Exam Billing and Reimbursement – Non-MSK Areas

For an IR examination involving non-MSK body areas, the RD must bill for each non-MSK area:

- CPT code 99456.
- Non-MSK body area reimbursement – \$192.*

*Will be adjusted annually per 28 TAC Sec. 134.210(b)(4).

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RD MMI and IR Exam Billing and Reimbursement – Tests

For an MMI and IR examination involving tests for the assignment of an IR **not outlined** in the AMA guides:

- Bill using the appropriate CPT code or codes for that testing.
- Reimbursed according to the applicable DWC fee guidelines, in addition to the other examination reimbursement (MMI and IR, etc.).

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RD billing examples

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2024 RD Billing Example 1

The RD examines and determines the injured employee is not at MMI.

Exam	CPT	Modifier	Units	Fees
MMI	99456	NM	1	\$449.00

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2024 RD Billing Example 2

The RD examines an injured employee with a lumbar sprain/strain and lower leg injury for MMI and IR. The RD uses the ROM method to assess IR in both body areas (spine and lower extremity):

Exam	CPT	Units	Fees
MMI	99456	1	\$449.00
IR	99456	2	<u>\$577.00 (\$385 + \$192)</u>
			\$1026.00

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DWC resources

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DD Resources

DWC DD webpage:

tdi.texas.gov/wc/dd/index.html

DWC Conversion factor webpage:

tdi.texas.gov/wc/fee/conversionfactors.html

DWC DD rules webpage:

tdi.texas.gov/wc/rules/2024rules.html

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DD Resources

Resource document "Health care providers receiving referrals from designated doctors" for HCPs conducting additional testing or evaluations:

tdi.texas.gov/wc/hcprovider/documents/dd-referrals.pdf

Questions related to DD scheduling and appointments:

DDScheduler@tdi.texas.gov

DD questions or issues in obtaining medical records:

DDRecords@tdi.texas.gov

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Contact Us

CompConnection:
800-252-7031, option 3

CompConnection@tdi.texas.gov

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Review

- Amended, repealed/replaced, and new rules.
- New billing requirements.
- New reimbursement.
- Billing instructions and examples by doctor role.
- DWC resources.

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Next Live Webinar

May 21, 2024

Billing and Reimbursement Training for
Designated Doctor and Other Certifying
Doctor Exams (Repeat)

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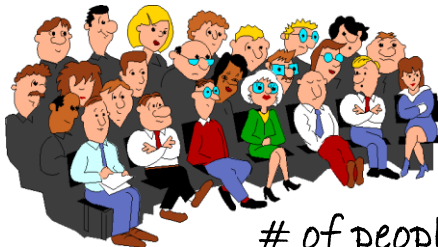
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Please let us know...

COMMENTS

ANY
SUGGESTIONS?



of people

YOUR OPINION
MATTERS

☒ **AWESOME!**

☐ **Excellent**

☐ **Very Good**

☐ **Satisfactory**

☐ **Marginal**

☐ **Poor**

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Time for Questions

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