

Billing and Reimbursement for Maximum Medical Improvement (MMI) and Impairment Rating (IR) Examinations

Division of Workers' Compensation
2019 Webinar Series

Disclaimer

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

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

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

Overview

- Definitions
- General information
- Coding and reimbursement for maximum medical improvement (MMI) evaluations
- Coding and reimbursement for impairment rating (IR) examinations
- Designated doctor non-MM/IR examinations

Maximum Medical Improvement

Clinical

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

Statutory

- the expiration of 104 weeks from the date on which income benefits begin to accrue.

Maximum Medical Improvement

Commissioner may extend MMI date

- If the injured employee has had spinal surgery or has been approved for spinal surgery, within 12 weeks before the expiration of 104 weeks from the date income benefits began to accrue.

Impairment Rating

Impairment

- any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent.

Impairment rating

- the percentage of permanent impairment of the whole body resulting from a compensable injury.

Impairment Rating

Based on the rating criteria contained in the ***American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th Edition, 1st, 2nd, 3rd, or 4th printing*** (AMA Guides).

Authorization to Assign Impairment Ratings

To become an MMI/IR certifying doctor, a doctor must take required training, and pass the approved test.

To assist certifying doctors, ancillary healthcare providers (physical therapists, occupational therapists, non-licensed technicians, etc.) must take required training every two years.

Only an authorized doctor may certify MMI and assign an impairment rating

- Designated doctor (DD);
- Required medical examination (RME) doctor;
- Some treating doctors (TD); and
- Some referral doctors.

Report of Medical Evaluation DWC Form-069

- Used to indicate whether the injured employee has reached MMI.
- Used to indicate whether the injured employee has permanent impairment as a result of the compensable injury.

Information you will need when billing for MMI/IR examinations

- Doctor role
- Method used to evaluate permanent impairment
- Number of body areas evaluated
- Component of exam conducted
- Circumstances requiring modifiers

The Maximum Allowable Reimbursement (MAR) for MMI / IR exams is equal to the reimbursement for the MMI evaluation plus the reimbursement for the body area(s) evaluated for assignment of an IR.

MMI certification + IR exam = MAR

An injured employee can reach MMI, but not have permanent impairment:

- A doctor who is not qualified to assign impairment ratings can certify MMI;
- An impairment rating examination is not necessary; and
- Only the MMI certifying examination is reimbursable.

Coding and Reimbursement for Maximum Medical Improvement Certifying Examination

Doctor Role

Coding and reimbursement for the MMI certification examination depends on the role of the doctor.

- Doctor who has previously been treating the injured employee.
- Doctor who has not previously been treating the injured employee.
(referral doctor/RME doctor/DD)

MMI Certifying Examination Coding and Reimbursement

Doctor who has previously been treating the injured employee:

(treating doctor/referral doctor)

CPT code 99455

Modifier V1-V5 (represents office visit)

Reimbursed for office visit (99211-99215)

MMI Certifying Examination Coding and Reimbursement

Doctor who has not previously been treating the injured employee:

(Referral doctor/RME doctor/DD)

CPT code	99456
Modifier	No modifier if injured employee has reached MMI. “NM” modifier if not at MMI

Reimbursement is \$350

Coding and Reimbursement Impairment Rating Examination

Treating Doctor

Referral Doctor

RME Doctor

Designated Doctor

Impairment Rating Examination

Reimbursement for the examination for permanent impairment includes:

- The number of body areas evaluated (expressed in units on the billing form);
- The method used for the evaluation; and
- The component of the examination conducted.

Impairment Rating Examination

Body Areas

Musculoskeletal (may bill for a maximum of three)

- Spine and pelvis
- Upper extremities
- Lower extremities

Non-musculoskeletal (not limited)

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

Impairment Rating Examination

Method

- Diagnostic Related Estimate (DRE)
- Range of Motion (ROM)
- Test used for non-musculoskeletal body areas

Component

- Whole procedure (-WP)
- Professional (-26)
- Technical (-TC)

Impairment Rating Examination Reimbursement

Method

- DRE - \$150 / \$150 each additional area
- ROM - \$300 / \$150 each additional area
- AMA charts for non-musculoskeletal body areas - \$150
- Reimbursement for tests used for non-musculoskeletal body areas

Impairment Rating Examination Reimbursement

Component

- Whole procedure – WP = 100% of MAR for IR exam
- Professional – 26 = 80% of MAR for IR exam
- Technical – TC = 20% of MAR for IR exam

Billing and Reimbursement Scenarios

Scenario #1

- Treating doctor determined an injured employee reached MMI and assigned an IR during a midlevel established patient office visit conducted in Austin, Texas.
- IR was assigned to one musculoskeletal body area using the DRE method.
- Doctor conducted the whole procedure.

Scenario #1

Coding: 99455-V3-WP Units = 1

Reimbursement:

MMI	97.66
IR	<u>150.00</u>
	247.66

Scenario #2

- Treating doctor determined an injured employee reached MMI and assigned an IR during a midlevel established patient office visit conducted in Austin, Texas.
- IR was assigned to one musculoskeletal body area using the ROM method.
- Doctor conducted the whole procedure.

Scenario #2

Coding: 99455-V3-WP Units = 1

Reimbursement:

MMI	97.66
IR	<u>300.00</u>
	397.66

Scenario #3

- A doctor who has not previously been treating the injured employee determined the injured employee reached MMI and assigned an IR.
- The IR included two musculoskeletal body areas using the ROM method on both areas.
- The doctor conducted the whole procedure.

Scenario #3

Coding: 99456-WP Units = 2

Reimbursement:

MMI	350.00	
IR	300.00	1st ROM
	<u>150.00</u>	2nd ROM
	800.00	

Scenario #4

- A doctor who has not previously been treating the injured employee determined the injured employee reached MMI and assigned an IR.
- The IR included two musculoskeletal body areas using the ROM for the 1st area and DRE for the 2nd area.
- The doctor conducted the whole procedure.

Scenario #4

Coding: 99456-WP Units = 2

Reimbursement:

MMI	350.00	
IR	300.00	ROM
	<u>150.00</u>	DRE
	800.00	

Scenario #5

- A doctor who has not previously been treating the injured employee determined the injured employee reached MMI and assigned an IR.
- The IR included one musculoskeletal body area using ROM, and one non-musculoskeletal body area.
- The doctor conducted the whole procedure and incorporated a specialist report into the evaluation.

Scenario #5

Coding:	99456-WP	Units = 1
	99456-SP	Units = 1
Reimbursement:		
	MMI	350.00
	IR	300.00 ROM
Incorporating specialist report		<u>50.00</u>
		700.00

Scenario #5

- Specialist conducts an examination on a non-musculoskeletal body area and sends the medical report to the doctor assigning the impairment rating.
- Specialist bills using the appropriate CPT code for the examination of the specialty area.

Scenario #6

- A doctor who has not previously been treating the injured employee determined the injured employee had not reached MMI and did not conduct an IR exam.

Coding: 99456-NM Units = 1

Reimbursement: MMI 350.00

Scenario #7

- Treating doctor is reviewing another doctor's MMI/IR report, and indicating agreement or disagreement with the report.

Coding: 99455-VR Units = 1

Reimbursement: 50.00

MMI/IR Modifiers

WP, Whole Procedure -- when the doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s).

26, Professional Component -- when the doctor performs the MMI examination and assigns the IR, but does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s).

TC, Technical Component -- when the technical component of a procedure is billed separately.

MMI/IR Modifiers

NM, Not at MMI -- to indicate that the injured employee has not reached MMI when the purpose of the examination was to determine MMI. (not used by the TD)

SP, Specialty Area -- when a specialty area is incorporated into the MMI report.

VR, Review report -- Indicates that the service was the treating doctor's review of report(s) only.

MMI/IR Modifiers

V1, V2, V3, V4, or V5, Office Visit -- corresponding with the last digit of the applicable office visit for an MMI evaluation.

Used by the treating doctor, and referral doctor who has previously been treating the injured employee.

MMI/IR Modifiers Specific to Designated Doctors

W5, Designated Doctor Examination for MMI or IR

MI, Multiple Impairment Ratings--when the designated doctor is required to complete multiple impairment ratings calculations

Designated Doctor Non-MMI/IR Examinations

Designated Doctor Non-MMI/IR Coding

“W” and “RE” modifiers are added to CPT 99456 to indicate that the doctor was a designated doctor and the type of examination that was performed.

Extent of compensable injury: 99456-W6-RE

Is disability a result of the
compensable injury: 99456-W7-RE

Ability to return to work: 99456-W8-RE

Similar issues: 99456-W9-RE

Designated Doctor Non-MMI/IR Coding

Reimbursement for multiple non-MMI/IR examinations conducted by the Designated Doctor under the same Division order, is subject to “tiering”.

1st examination = 100% (\$500)

2nd examination = 50% (\$250)

Subsequent examinations = 25% (\$125)

Multiple Designated Doctor Examinations Under the Same DWC Order

- MMI/IR examinations performed by a designated doctor are **not** subject to tiered reimbursement.
- Only the non-MMI/IR examinations performed by a designated doctor are subject to tiered reimbursement.
- Calculate reimbursement for the MMI/IR examination, then calculate reimbursement for the non-MMI/IR examinations, then add the two for the total MAR.

Reimbursement for Multiple Designated Doctor Examinations Under the Same Division Order

MMI		\$350	
IR	1 st body area	\$300	ROM
	2 nd body area	\$150	DRE
Multiple IR		\$50	
Extent of injury		\$500	
RTW		\$250	
Similar Issues		<u>\$125</u>	
Total Reimbursement		\$1725	

Required Medical Exam Doctors

The services of a RME doctor are billed and reimbursed the same as a designated doctor but without the W5, W6, W7, W8 or W9 modifiers.

W5, W6, W7, W8 or W9 modifiers are use by designated doctors only.

DWC Resources

Call CompConnection

800-252-7031 #3, or 512-804-4000 #3

Email: medben@tdi.Texas.gov

Visit DWC website

<https://www.tdi.texas.gov/wc/index.html>