



**BILLING >> and << REIMBURSEMENT
TRAINING FOR DESIGNATED DOCTOR
>> and << OTHER CERTIFYING EXAMS**



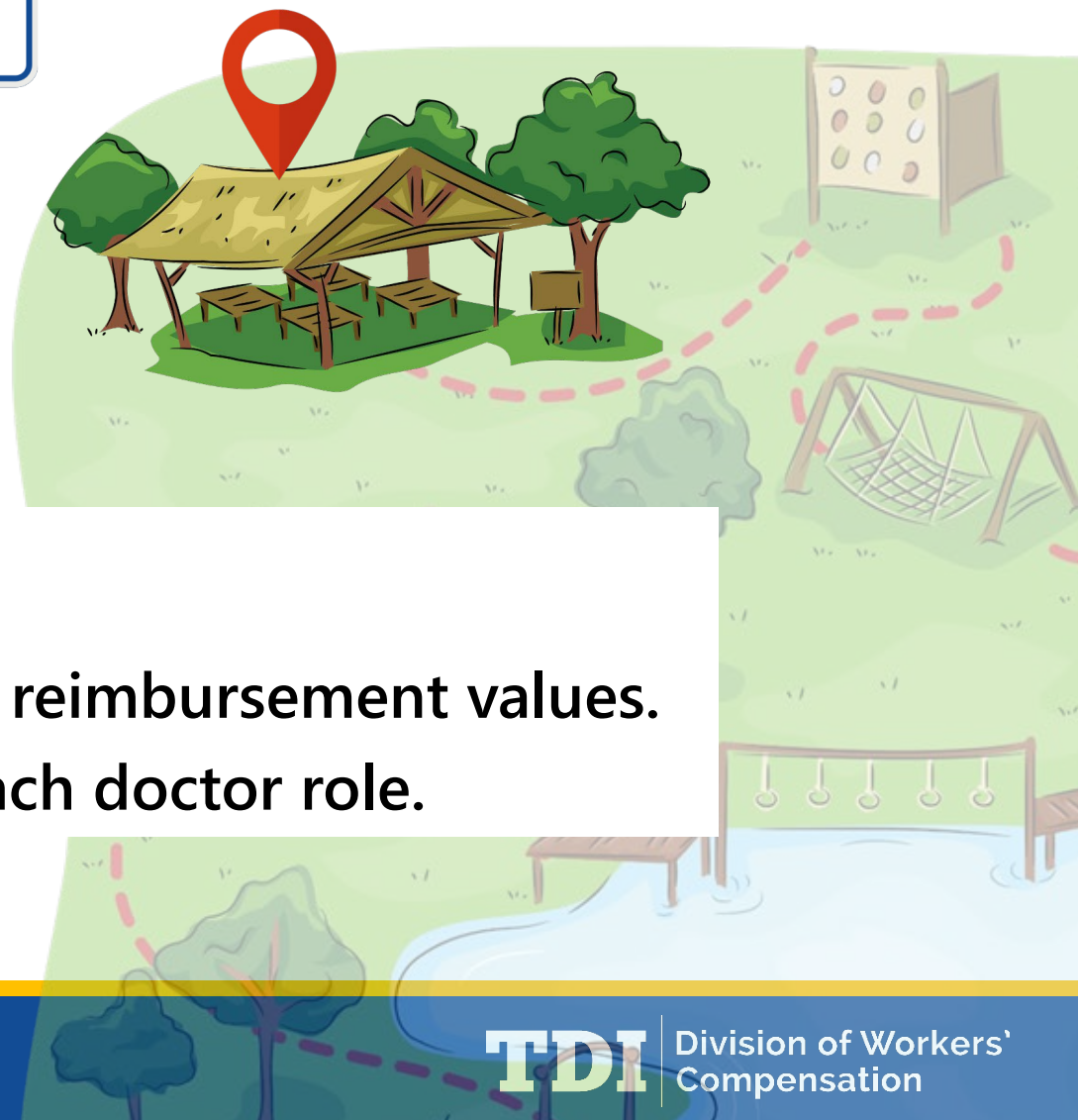
TDI Division of Workers'
Compensation

Day 8





**BILLING >>and<< REIMBURSEMENT
TRAINING FOR DESIGNATED DOCTOR
>>and<< OTHER CERTIFYING EXAMS**



Learning Objectives

- Recognize current billing requirements and reimbursement values.
- Apply billing instructions to examples by each doctor role.



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

Division of Workers' Compensation
2026

Disclaimer

This presentation is updated as of **March 19, 2026**, and 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

Rules.

Reimbursement values.

Billing requirements.

Billing instructions and examples by doctor role.

DWC Resources.



Texas Administrative Code (TAC) Workers' Compensation Rules

Chapter 133. General Medical Provisions

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



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

28 TAC Sec.:

Subchapter C. Medical Fee Guidelines

134.210. Medical Fee Guideline for
Workers' Compensation Specific Services

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

28 TAC Rules

134.235. Required Medical Examinations

134.239. Billing for Work Status Reports

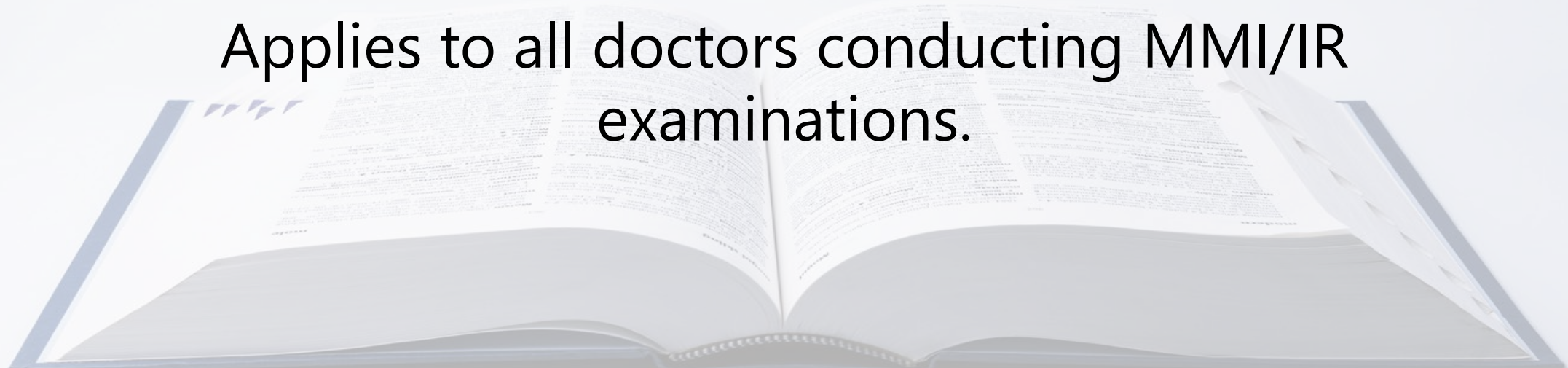
134.240. Designated Doctor
Examinations

134.250. MMI and IR Examinations by
Treating Doctors

134.260. MMI and IR Examinations by
Referred Doctors

General information and definitions

Applies to all doctors conducting MMI/IR
examinations.



What does “authorized doctor” mean?

Only an authorized doctor can certify MMI, decide if there’s permanent impairment, **and** assign an IR. To be fully authorized to do this, a doctor must:

- Complete DWC training every two years.
- Pass the required test (taken on or after May 13, 2013, or as requested).
- Be certified by DWC to perform IR evaluations.

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

Doctor Roles

TD – Treating Doctor

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

RD – Referred Doctor

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



Doctor Roles

DD - Designated Doctor

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 – Required Medical Exam

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.





Reimbursement

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

MEI One-Time and Annual Adjustments to Reimbursement

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

- 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.

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

Exam fees

Note: This table does not represent all billing scenarios and is not a substitute for the applicable rules.

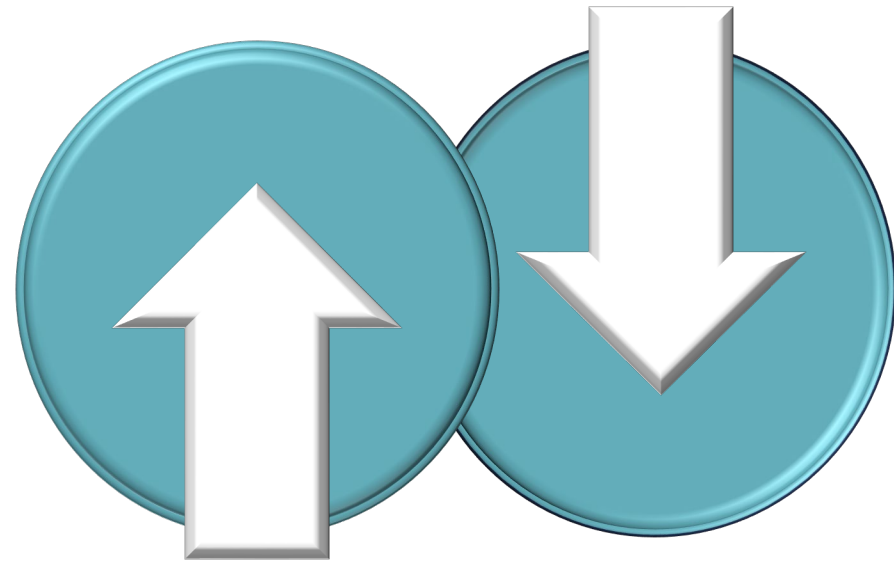
Dates of Service	3/1/2008 - 5/31/2024	6/1/2024 - 12/31/2024	1/1/2025 - 12/31/2025	1/2026 - 12/31/2026
Annual MEI percentage	does not apply	does not apply	3.5%	2.7%
MMI exam by RD, RME, or DD	\$350.00	\$449.00	\$465.00	\$478.00
IR exam first musculoskeletal (MSK) body area by TD, RD, RME or DD	\$300.00	\$385.00	\$398.00	\$409.00
IR exam for additional MSK body area by TD, RD, RME, or DD	\$150.00	\$192.00	\$199.00	\$204.00
IR exam for non-MSK body area by TD, RD, RME or DD	\$150.00	\$192.00	\$199.00	\$204.00
Multiple IR exams by DD only (on request by DWC)	\$50.00	\$64.00	\$66.00	\$68.00
Extent-of-injury exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Disability exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Return-to-work exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Other-similar-issues exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Appropriateness of medical care by RME only	\$500.00	\$642.00	\$664.00	\$682.00
Missed appointment with DD only	does not apply	\$100.00	\$104.00	\$107.00
Specialist fee by DD only	does not apply	\$300.00	\$311.00	\$319.00
Review of another doctor's MMI/IR by TD only	\$50.00	\$64.00	\$66.00	\$68.00

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.



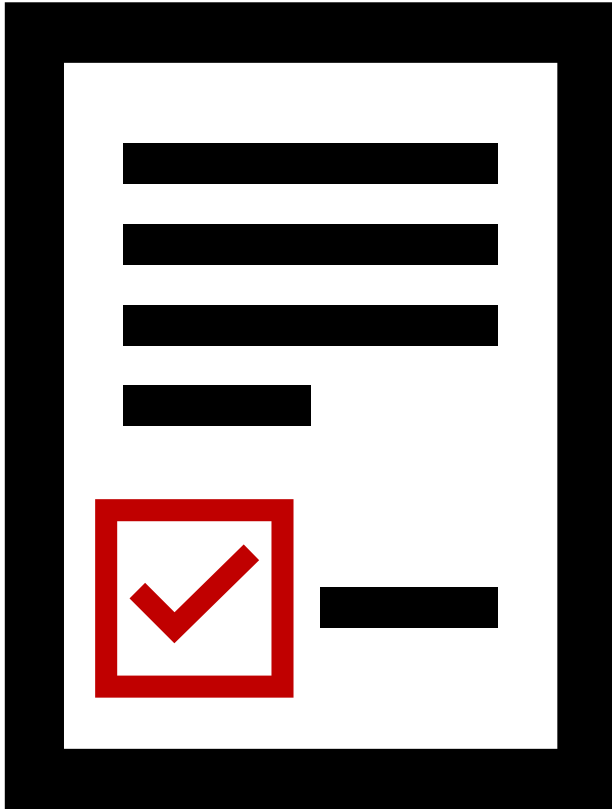
Billing and Reimbursement Changes

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

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.

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 (range of motion) or DRE (diagnosis related estimate), the billing and reimbursement is a single method of billing.

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.

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

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.

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.

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).

IR Exam Billing and Reimbursement – Non-Musculoskeletal Areas

For an IR examination involving non-MSK body areas (no maximum number of areas), the certifying doctor must bill for each non-MSK area, defined as:

- 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.

Billing for Work Status Reports

DWC Form-073, Work Status Reports:

- Instructions - 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

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031.

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

DWC073

Texas Workers' Compensation Work Status Report

Date Sent (for transmission purposes only):

I. GENERAL INFORMATION		Date Sent (for transmission purposes only):	
1. Injured Employee's Name	5a. Doctor's/Delegating Doctor's Name and Degree	5b. PA / APRN Name (if completing form)	
2. Date of Injury	6. Facility Name	9. Employer's Name	
4. Employee's Description of Injury/Accident	7. Facility/Doctor Phone and Fax Numbers		10. Employer's Fax Number or Email Address (if known)
	8. Facility/Doctor Address (Street, City, State, ZIP Code)		11. Insurance Carrier
			12. Carrier's Fax Number or Email Address (if known)

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)

13. The injured employee's medical condition resulting from the workers' compensation injury:

a) will allow the employee to return to work as of ___/___/___ without restrictions; OR

b) will allow the employee to return to work as of ___/___/___ with the restrictions identified in PART III, which are expected to last through ___/___/___ OR

c) has prevented and still prevents the employee from returning to work as of ___/___/___ and is expected to continue through ___/___/___

The following describes how this injury prevents the employee from returning to work:

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)

14. Posture Restrictions (if any):		17. Motion Restrictions (if any):		19. Misc. Restrictions (if any):					
Max hours per day	0 2 4 6 8 Other:	Max hours per day	0 2 4 6 8 Other:	Max hours per day of work:					
Standing	<input type="checkbox"/>	Walking	<input type="checkbox"/>	Sit/stretch breaks of	per				
Sitting	<input type="checkbox"/>	Climbing stairs/ladders	<input type="checkbox"/>	Must wear splint/cast at work					
Kneeling/squatting	<input type="checkbox"/>	Grasping/squeezing	<input type="checkbox"/>	Must use crutches at all times					
Bending/sloping	<input type="checkbox"/>	Wrist flexion/extension	<input type="checkbox"/>	No driving/operating heavy equipment					
Pushing/pulling	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	Can only drive automatic transmission					
Twisting	<input type="checkbox"/>	Overhead reaching	<input type="checkbox"/>	No skin contact with:					
Other:		Keyboarding	<input type="checkbox"/>	No running					
15. Restrictions Specific To (if applicable):		Other:		Dressing changes necessary at work					
<input type="checkbox"/> Left hand/wrist	<input type="checkbox"/> Left leg	18. Lift/Carry Restrictions (if any):		20. Medication Restrictions (if any):					
<input type="checkbox"/> Right hand/wrist	<input type="checkbox"/> Right leg					<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> In extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> clean & dry			
<input type="checkbox"/> Left arm	<input type="checkbox"/> Back							<input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
<input type="checkbox"/> Right arm	<input type="checkbox"/> Left foot/ankle								
<input type="checkbox"/> Neck	<input type="checkbox"/> Right foot/ankle								
Other:									
Other:									
16. Other Restrictions (if any)		22. Expected Follow-up Services Include:							
		<input type="checkbox"/> Evaluation by the treating doctor on ___/___/___ at ___ a.m./p.m.							
		<input type="checkbox"/> Referral to/consult with _____ on ___/___/___ at ___ a.m./p.m.							
		<input type="checkbox"/> Physical medicine X per week for _____ weeks starting on ___/___/___ at ___ a.m./p.m.							
		<input type="checkbox"/> Special studies (list): _____ on ___/___/___ at ___ a.m./p.m.							
		<input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.							

IV. TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

Date /Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
Discharge Time:	Health Care Practitioner's Signature / License #	<input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	<input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> RME doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> PA <input type="checkbox"/> APRN <input type="checkbox"/> Designated doctor <input type="checkbox"/> Other doctor

DWC073 Rev. 09/19 Page 1 of 2

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



DD billing and reimbursement

28 TAC Sec. 134.240.

Designated Doctor Examinations

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.

DWC Assignment Number

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



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



DD Assignment #:

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

What is an assignment number?

12345678DD01

12345678DD02

12345678DD03

- 12-digit number given to the DD when DWC generates the order (OA32) for the exam.
- Identifies medical bills for the DD and related testing or evaluation ordered.

Remember: although it goes in this field on the bill, this is not a preauthorization number.

Preauthorization is not required for DD examinations and related testing or evaluations the DD orders.

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 = indicating the sequence number of the ordered DD examination.



Not the insurance carrier claim number.

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.

Where does the assignment number go on the medical bill?

The DWC assignment number is required in fields:

23. PRIOR AUTHORIZATION NUMBER
12345678DD01

63 TREATMENT AUTHORIZATION CODES
12345678DD01

With 30. Preauthorization Number (if applicable) 12345678DD01

2. Predetermination/Preauthorization Number
12345678DD01

- 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.

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

DD Insurance Carrier Medical Bill Processing Contact Information

DWC will also provide insurance carrier medical bill processing contact information and the DD 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



DD assignment #:

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

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)

DELETED



Current Modifiers

Additional required modifiers:

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

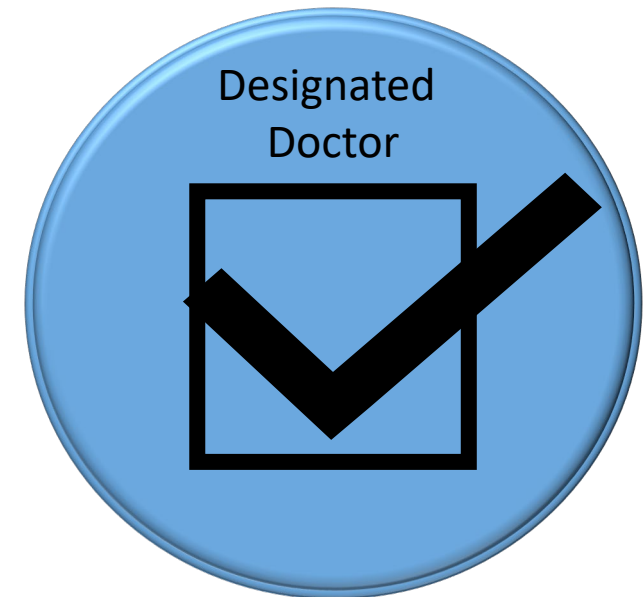
REQUIRED

Current **DD-Only** Modifiers

Required DD modifiers:



W5 required for at MMI,
W5 NM required for not at
MMI.

- W5 – DD examination for MMI exam and/or IR.
- 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.



DD-Only Modifiers

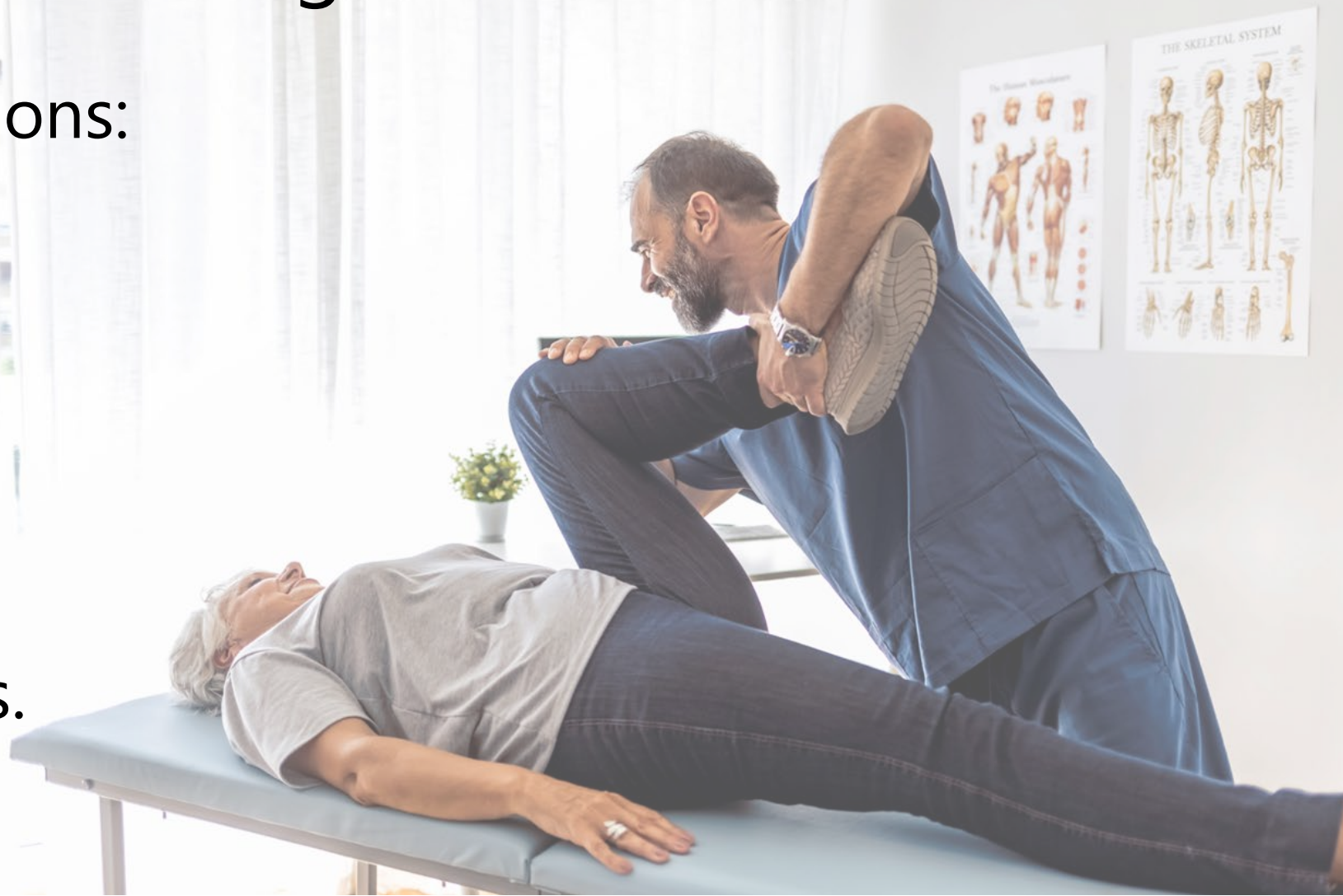
The following are modifiers for DD exams only:

-  **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).

DD Examinations Billing and Reimbursement

Types of DD Examinations:

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



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 – W5 NM modifiers.
- Reimbursement for an MMI exam – \$478.*

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

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 – \$478.*

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

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 – \$478.*
- The DD must also bill the IR exam. (cont'd)

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

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 \$409.*
- Each additional MSK area reimbursed at \$204.*

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

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 – \$204.*

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

DD IR Exam Billing and Reimbursement – Tests

For an examination for the determination of MMI or the assignment of IR that 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.).

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.

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.

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 2026 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 17b. NPI 1234556789			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
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 (Specify ICD-9-CM code and ICD-10-CM code) A. Z04.2 B. H33.022 C. H15.842 D. _____ E. W27.0XXA F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				ICD Ind. _____			22. RESUBMISSION CODE ORIGINAL REF. NO.					
23. PRIOR AUTHORIZATION NUMBER DWC Assignment # 12345678DD01				Required			DWC 12-digit assignment # from DD to referred provider					
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER MM DD YY MM DD YY SERVICE CPT/HCPCS MODIFIER 02 19 26 02 19 26 11 99172 ABCDE												

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 – \$682.*

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

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 – \$682.*

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

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 – \$682.*
- Work status reports may not be billed and reimbursed separately.

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

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 – \$682.*

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

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 – \$319.*
- 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).

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 additional IRs being assessed.
- Reimbursement for multiple IRs – \$68* for each additional IR calculation.

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

DD Missed Appointment Fee

For DDs only when:

- The injured employee does not attend a properly scheduled, or rescheduled examination, according to 28 TAC Sec. 127.5. Scheduling Designated Doctor Appointments; 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.

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.
- Diagnosis code(s) are required on the missed appointment medical bill to be complete, according to 28 TAC Sec. 133.10 (f)(1)(M).
- Missed appointment reimbursement – \$107.*
- 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.

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

DD billing

E X A M P L E S

2026 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:

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	W5	1	\$478.00
IR	99456	W5	1	\$409.00
EOI	99456	W6	1	\$682.00
RTW	99456	W8	1	<u>\$682.00</u>
				\$2251.00

2026 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 calculation at the request of DWC.


<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	W5	1	\$478.00
IR	99456	W5	2	\$613.00 (\$409.00 + \$204.00)
IR (2 nd)	99456	W5, MI	1	\$68.00
EOI	99456	W6	1	<u>\$682.00</u>
				\$1841.00

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

DD exam conducted on 1-8-25; no testing ordered or if ordered, test occurred on the same day.

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From		To		YY	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS OF UNITS	EPSDT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #	
MM	DD	MM	DD				CPT/HCPCS	MODIFIER								PCINTER
01	08	26	01	08	26	11	99456	W5		ABCD	478.00			NPI		
														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		30. Rsvd. for NUCC Use
										YES <input type="checkbox"/> NO <input type="checkbox"/>		\$ 478.00		\$		

95-day
deadline based
on 1-8-26



PHYSICIAN OR SUPPLIER INFORMATION

2026 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	\$478.00
IR	99456	W5	2	\$613.00 (\$409 + \$204)
EOI	99456	W6	1	\$682.00
RTW	99456	W8	1	<u>\$682.00</u>
				\$2455.00



DD Medical Bill Dates of Service – Testing Ordered

For bills related to testing referred by the DD, the dates of service on the CMS-1500 field number 24A are:

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

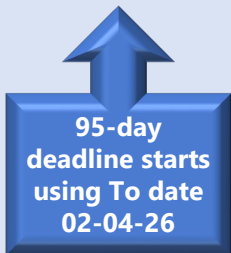
The 95-day bill submission period begins on the “To” date, not the “From” date when it’s later than the DD exam.

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

2026 DD Billing Example 4

The DD examines an injured employee with a spinal cord injury for MMI, IR, EOI, and RTW on January 15, 2026. 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 February 4, 2026.

From:	To:	Exam	CPT	Modifier	Units	Fees
01-15-26	02-04-26	MMI	99456	W5,25	1	\$797.00 (\$478 + \$319*)
01-15-26	02-04-26	IR	99456	W5	1	\$409.00
01-15-26	02-04-26	EOI	99456	W6	1	\$682.00
01-15-26	02-04-26	RTW	99456	W8	1	<u>\$682.00</u>
						\$2570.00



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

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

DD exam conducted on 1-8-26, and DD ordered testing completed 2-19-26

24. A. DATE 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. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION				
MM	DD	YY	MM	DD		CPT/HCPCS	MODIFIER										
01	08	26	02	19	26	11		99456	W5			ABCD	478.00	1		NPI	
01	08	26	02	19	26	11		99456	W5			ABCD	409.00	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		30. Rsvd. for NUCC Use			
								<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 887.00		\$					

Date of DDE

Date of Testing

Use TO date, 02/19/26 to start the 95-day deadline

2026 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.

NOTE: Only a DD can bill for a missed appointment and diagnosis code(s) are required to be a complete bill.

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
Missed appt.	99456	52	1	\$107.00



RME billing and reimbursement

28 TAC Sec. 134.235. Required Medical Examinations

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).

RME Examinations

Billing and Reimbursement

Types of RMEs:

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

RME Examinations Billing and Reimbursement

28 TAC Sec. 134.235. Required Medical Examinations

- This is a new rule 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.

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.

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 – \$478.*

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

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 – \$478.*

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

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 – \$478.*
- RME must also bill the IR exam (cont'd).

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

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 \$409.*
- Each additional MSK area reimbursed at \$204.*

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

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. (no modifier required)
- Each non-MSK body area reimbursement – \$204.*

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

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.).

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 – \$682.*

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

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 – \$682.*

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

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 – \$682.*
- Work status reports may not be billed and reimbursed separately.

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

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 – \$682.*

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

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 – \$682.*

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

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.

RME billing

EXAMPLES

2026 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	\$478.00
IR	99456	1	\$409.00
EOI	99456	1	\$682.00
RTW	99456	1	<u>\$682.00</u>
			\$2251.00

2026 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:

<u>Exam</u>	<u>CPT</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	1	\$478.00
IR*	99456	1	\$409.00
EOI	99456	1	\$682.00
RTW	99456	1	<u>\$682.00</u>
			\$2251.00

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

2026 RME Billing Example 3

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

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	NM	1	\$478.00

2026 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):

<u>Exam</u>	<u>CPT</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	1	\$478.00
IR	99456	2	\$613.00 (\$409 + \$204)
EOI	99456	1	\$682.00
RTW	99456	1	<u>\$682.00</u>
			\$2455.00



TD billing and reimbursement

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

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 (certified), the TD may refer to an authorized (certified) 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.

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.

TD Billing and Reimbursement – at MMI with No Impairment

When the TD determines an injured employee is at MMI with no possibility of 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.

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).

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 \$409.*
- Each additional MSK area at \$204.*

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

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 – \$204.*

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

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.).

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 – \$68.*

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

TD billing

EXAMPLES

2026 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 an 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)\$211.18*

*Calculated according to 28 TAC Sec. 134.203. Medical Fee Guideline for Professional Services. (216% of Medicare reimbursement for 99213 in Austin, Texas February 2026). Rounding does not apply.

2026 TD Billing Example 2

The TD authorized to conduct MMI and IR examines an injured employee February 4, 2026, 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.

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99455	V4	1	\$300.41*
IR	99455		1	<u>\$409.00**</u>
				\$709.41

*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).



RD billing and reimbursement

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

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.

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 – \$478.*

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

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 – \$478.*

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

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 – \$478.*
- For IR (cont'd).

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

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 \$409.*
- Each additional MSK area reimbursed at \$204.*

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

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 – \$204.*

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

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.).

RD billing

EXAMPLES

2026 RD Billing Example 1

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

<u>Exam</u>	<u>CPT</u>	<u>Modifier</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	NM	1	\$478.00

2026 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):

<u>Exam</u>	<u>CPT</u>	<u>Units</u>	<u>Fees</u>
MMI	99456	1	\$478.00
IR	99456	2	<u>\$613.00 (\$409 + \$204)</u>
			\$1091.00



DWC resources

Health care provider resources

Finding information quickly is a must for busy doctors and medical office staff. Our new health care provider webpage is designed with that in mind.

- Information organized around your needs.
- Find workers' comp resources more quickly.

Enjoy easier navigation.

[Take it for a drive.](#)

I want to ...

- [Report my injury](#)
- [Get help with a claim \(dial 800-252-7031\)](#)
- [Find a doctor](#)
- [Make my workplace safer](#)
- [File a complaint](#)
- [Report fraud](#)
- [Verify employer coverage](#)
- [Learn about workers' compensation](#)
- [Park for a hearing or meeting at the Barbara Jordan Building](#)
- [Find a form](#)
- [Use TXCOMP](#)
- [Workers' compensation A-Z](#)

DD Resources

DWC DD webpage:

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

DWC CD webpage:

tdi.texas.gov/wc/hcprovider/certifying-doctors.html

DWC exam fees webpage:

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



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

DD questions related to **scheduling and appointments**:

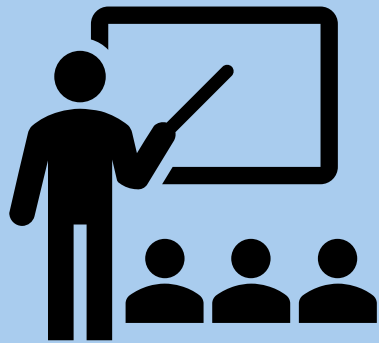
DDScheduler@tdi.texas.gov

DD questions or issues in obtaining **medical records**:

DDRecords@tdi.texas.gov

DD questions or issues related to **exam education**:

DesDoc.education@tdi.texas.gov



Recap

Rules



Reimbursement values.



Billing requirements.



Billing instructions and examples by doctor role.



DWC Resources.



**TRAIN
YOUR
BRAIN**

Let's flex your knowledge!



Contact Us



CompConnection:
800-252-7031 option 3
compconnection@tdi.texas.gov

