

**ADVISORY NO. 400**  
**###**

**TOPIC:      DWC RULES PERTAINING TO TREATING DOCTORS, RME DOCTORS, PEER REVIEWERS AND DESIGNATED DOCTORS**

DWC has modified rules pertaining to duties of treating doctors, RME doctors and Designated Doctors. Those rules have been summarized by DWC and they are provided in this advisory for the purpose of communicating these new requirements to those doctors utilized by you for independent medical examinations, RME examinations and peer reviews.

**CHAPTER 180 Medical Benefit Regulation**

**Amended Rule 180.21 – Division Designated Doctor List:** Rule 180.21 addresses the requirements to be included on the Division’s Designated Doctor List (DDL). Amendments regarding new requirements to be a designated doctor are effective 1/1/07.

Substantive Changes:

- Affiliation with the network through which the injured employee receives medical care is added to the list of disqualifying associations.
- The designated doctor must have had an active practice for at least three years during his career.

**Amended Rule 180.22 – Health Care Provider Roles and Responsibilities:** Rule 180.22 addresses the role of the RME doctor.

Substantive Change:

- RME doctor cannot conduct an exam regarding the items addressed by a designated doctor under 408.0041 until after the designated doctor has performed an exam regarding the specific issue(s).

The amended language in the rule defines peer reviewer and establishes the qualifications of the peer reviewer based on the type of review.

Items to Note:

- A peer reviewer who performs utilization review [defined as medical necessity review] is subject to the requirements of Insurance Code Article 21.58A, Chapter 1305, and applicable provisions of the Labor Code. These peer reviewers must be:
  - Certified or registered as a utilization review agent (URA); and

- Licensed to practice in Texas or perform utilization reviews under the direction of a doctor licensed to practice in Texas.
- A peer reviewer who performs a review for any other issue other than medical necessity must hold an appropriate professional license in Texas.

### **Section §133.500: Electronic Formats for Electronic Medical Bill Processing**

The rule defines the standard electronic formats for medical billing transactions, including billing, reimbursement, and acknowledgement transactions.

Issue to Note:

- The rule provides flexibility for participants to exchange data in non-prescribed formats. Non-prescribed formats must contain all of the required elements and code sets defined in the standard formats.

### **Section §133.501: Electronic Medical Bill Processing**

The rule requires health care providers and insurance carriers to exchange medical bill data for professional, institutional/hospital, pharmacy, and dental services electronically by January 1, 2008.

Issue to Note:

- The Division may grant a waiver from the electronic billing requirements for insurance carriers and health care providers that establish that these requirements will result in an unreasonable financial burden. Additionally, the rule establishes a waiver provision for health care providers that employ 10 or fewer employees and for which workers' compensation constitutes less than 10% of their practice.
- Health care providers and insurance carriers may contract with other entities for electronic medical bill processing.
- The rule defines a "complete" electronic medical bill. Documentation is not required for an electronic medical bill to be considered "complete." The medical billing and reimbursement rules establish requirements for documentation and provide that insurance carriers and payers may deny a medical bill if appropriate, required documentation is not submitted timely.