



## Examining the Issues – Allowed Diagnostic Testing for Impairment Evaluation

Industrial Commission Independent Medical Examinations are performed to determine degree of impairment and functional limitations due to allowed conditions- not to establish a diagnosis. Therefore, diagnostic testing requirements are minimal.

The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition; Fourth Edition, and; the Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region (2002) clearly delineate necessary and appropriate testing for impairment rating for the various body parts and systems. These studies, as outlined below, are billable at the time of report submission, along with the usual fee for the examination (see table).

Any other testing requires prior approval. If you feel that a specific diagnostic procedure is necessary to determine impairment or functional limitations due to the allowed conditions, please call Medical Services at 614.466.4291. You will be put in contact with the Chief Medical Advisor for a physician-to-physician discussion for consideration of authorization.

It will be required that you include in your fee bill the CPT code(s) for the diagnostic procedure(s) performed.

Payment will be denied for any testing performed that is not allowed without authorization and/or was not prior-authorized.

CPT Code	Diagnostic Procedure
72040	Cervical spine x-ray, 2 or 3 views
72052	Cervical spine x-ray, complete with flexion and extension
72070	Thoracic spine x-ray, 2 views
72100	Lumbar spine x-ray, 2 or 3 views
72114	Lumbar spine x-ray, complete with bending views
72200	Sacroiliac joint x-ray, < 3 views
73100	Wrist x-ray, 2 views
73500	Hip, unilateral x-ray, 1 view
73560	Knee x-ray, 1 or 2 views (AP +/- sunrise)
73600	Ankle x-ray, 2 views (include mortise)
73620	Foot x-ray, 2 views
70320	Teeth x-ray, complete, full mouth
70140	Facial Bones x-ray, < 3 views

Reimbursement rates are according to the Bureau of Workers' Compensation (BWC) fee schedule. To inquire about rates for specific procedures, go to the BWC Web site (ohiobwc.com). Click on "Medical Providers", then "Look-Ups", then "Fee schedule look-up". Next, you will be required to click on "I accept the terms of the above agreement and want to use the Fee schedule look-up". On the following page, type in the procedure code, click search, and you will be provided with the amount of reimbursement for that diagnostic procedure. Neuropsychological testing will be reimbursed at a rate of one hundred dollars per hour, with a maximum of four hours.

Please note that the Minnesota Multiphasic Personality Inventory, Beck Depression Inventory, Battery for Health Improvement, Million Behavioral Health Inventory, Structured Inventory of Malingered Symptoms, and Bender-Gestalt tests are considered part of a psychological examination in this setting and are not billable.

Visual acuity and visual field studies are considered part of eye examinations and are not billable.

Injured Workers are not required to submit to any diagnostic testing. If you feel additional testing is necessary for evaluation of impairment or functional limitations due to the allowed conditions, and the Injured Worker declines, note the refusal and base opinions on the available diagnostic information.

CPT Code	Diagnostic Procedure
70250	Skull x-ray, < 4 views
92557	Comprehensive Audiometry
94010	Spirometry
94060	Bronchodilation responsiveness (used with asthma and reactive airway disease only)
94720	CO diffusing capacity
NPT 1	1 hour neuropsychological testing
NPT 2	2 hours neuropsychological testing
NPT 3	3 hours neuropsychological testing
NPT 4	4 hours neuropsychological testing
80053	Comprehensive metabolic panel
81000	Urinalysis, non-automated with microscopic
81001	Urinalysis, automated with microscopic
85004	Blood count

### Did you Know?

All previous issues of this newsletter, The IC MediScene, can be found archived at ohioic.com, and can be reviewed for continuing education credit toward your five year recertification as an examining specialist for the Industrial Commission.

## Continuing Education Review Questions - *MediScene* July 2010

1. Which of the following diagnostic tests can be billed for in addition to the examination and report fee in Industrial Commission PTD IME examinations?

- A. Chest x-ray.
- B. Arterial blood gas.
- C. MMPI
- D. Visual fields.
- E. None of the above.

2. All the following are requested of the examining physician in Industrial Commission PTD IME examinations *except*:

- A. An opinion regarding maximum medical improvement.
- B. An estimate of percentage of whole person impairment.
- C. A description of physical or mental limitations due to the allowed conditions.
- D. A determination of the diagnosis of the injured worker's condition.

3. Billing requirements for diagnostic procedures performed in conjunction with Industrial Commission PTD IME examinations include:

- A. Prior approval of the injured worker.
- B. Prior approval of Medical Services for procedures not considered necessary for impairment evaluation according to the *AMA Guides*.
- C. A CPT code on the fee bill for each procedure performed.
- D. All of the above.

4. True or false?

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(Answers: 1. E.; 2. D.; 3. D.; 4. False)