

## Scarring, Loss of Use, and Maximum Medical Improvement (MMI) Exam Guidelines

### **X9001 End Result Exam** \$40.67

Purpose: To Determine if scar(s) have reached an end result.

This exam should generally be performed by the treating physician and should not be charged with an Evaluation and Management Code on a single date of service.

Examine scar and provide a written determination as to whether the healing has reached an end point.

### **X9002 Loss of Use Exam** \$85.00

This exam should generally be performed by the treating physician and should not be charged with an Evaluation and Management Code on a single date of service.

Exam Requires:

1. Maximum Medical Improvement (MMI) determination.  
If patient not at MMI – no Loss of Use Report is allowed.
2. Loss of use rating in accordance with X9003.

### **X9003 Loss of Use Report** \$65.00

To be completed if patient determined to be at Maximum Medical Improvement after an X9002 loss of use exam.

Impairment rating should be based on loss of function of an extremity.

Report must include:

- Narrative History
- Current clinical status, i.e.; MMI
- Diagnostic study results
- Diagnosis
- Calculation of Impairment Rating:

1. Compare the medical findings with the impairment criteria listed within the *AMA Guides to the Value of Permanent Impairment* and calculate the appropriate impairment rating. Discuss how specific findings relate to and compare with the criteria described in the applicable *Guides* chapter. Refer to and explain the absence of any pertinent data and how the physician determined the impairment rating with limited data.

2. Discuss how the Impairment Rating was calculated:

- a. Include an explanation of each impairment value with reference to the applicable criteria of the *Guides*. Combine multiple impairments for an extremity impairment.
- b. Include a summary list of impairments and impairment ratings by percentage, including calculation of the extremity impairment.

### **Multiple Exams - Scarring, Loss of Use, and MMI**

Whenever possible, these exams should be performed and reported in one office visit and for one charge. If for some reason these reports require more than one exam, the following rules shall apply.

Payment for multiple exams same anatomical site:

- 100% payment for first exam
- No payment for additional exams or reports

Payment for multiple exams different anatomical sites:

- 100% payment for first exam and report
- 50% payment for second exam and report
- No payment for additional exams or reports