Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

DAVID YOUNG, M.D.
P.O. BOX 121589
ARLINGTON, TEXAS 76012

MFDR Tracking #: M4-08-6702-01

Respondent Name and Box #:

NATIONAL AMERICAN INSURANCE CO
REP BOX# 01

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary on Table of Disputed Services: "Not paid per the DWC Fee Guides."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $150.00
3. CMS 1500(s)
4. EOB(s)
5. Letter of Reconsideration Dated May 30, 2008
6. Report of Medical Evaluation Narrative

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent Position Summary: "On June 3, 2008 the carrier resubmitted the bill to Corvel Corporation for auditing with a note to override the timely filing denial….Per rule 133.250 a request for reconsiderations shall include any necessary and related documentation not submitted with the original medical bill to support the health care provider's positions, and include a bill-specific, substantive explanation in accordance with 133.3 (relating to communication between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment. Nowhere in the information provided on June 3, 2008 did the providers' documentation support their position for additional reimbursement." **and** "…since the provider failed to comply with rule 133.250(h) and submit a reevaluation request, we believe this MDR should be null and void and that the provider should follow proper protocol and submit a reevaluation." **and** "It was the adjuster's decision to allow payment and disregard the provider's lack of timely filing.""

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
11/01/07	99456-26	29, W1, W3, 506	1 – 6	**$120.00**
11/01/07	99456-TC	29, W1, W3, 506	1 – 6	**$30.00**
Total Due:				**$150.00**

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

*Requestor representative, Mary Shields updated the Table of Disputed Services acknowledging the receipt of an additional $4.50 reimbursement on this file.

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* for professional medical services provided on or after August 1, 2003, set out the reimbursement guidelines.

1. The services in dispute were denied or reduced by the Respondent with reason codes:
   - "W1 — Workers Compensation State Fee Schedule Adj
   - "W3 — Additional payment on appeal/reconsideration"
   - "506 — Re-evaluated bill, payment adjusted"
   - "29 — Timely filing"
2. According to Rule 134.202, "This section applies to workers' compensation specific codes, services and programs provided on or after August 1, 2003.
3. According to Rule 134.202(e)(6)(D)(iii)
   (iii) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
   (I) Musculoskeletal body areas are defined as follows:
   (-a-) spine and pelvis;
   (-b-) upper extremities and hands; and,
   (-c-) lower extremities (including feet).
   (II) The MAR for musculoskeletal body areas shall be as follows.
   (-a-) $150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
   (-b-) If full physical evaluation, with range of motion, is performed:
   (-1-) $300 for the first musculoskeletal body area; and,
   (-2-) $150 for each additional musculoskeletal body area. TDI - DWC Rules (10/13/08) Chapter 134 13
   (III) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100% of the total MAR.
   (IV) If the examining doctor performs the MMI examination and assigns the IR, but does not perform the testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier "26." Reimbursement shall be 80% of the total MAR.
   (V) If a HCP other than the examining doctor performs the testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier "TC." Reimbursement shall be 20% of the total MAR.
4. The Respondent addresses the lack of reconsideration prior to MFDR. Per the documentation presented by Requestor, the May 30th, 2008 letter addresses the reconsideration for this billing. The letter shows the carrier the correct way to calculate the combination of 99456-TC and 99456-26. The example is reflective of the unique billing which identifies $350.00 for MMI exam, $300 for ROM, and $150 for DRE and flags that there were 2 body areas. There is no argument that the billing was not submitted for reconsideration before submission to MFDR.
5. The Respondent addresses that the billing originally was denied for timely filing (29) before the adjuster sent the billing over to the billing processor with a timely filing override. That the billing was accepted as timely filed at a later date does not change the necessity for the Respondent to have the billing audited correctly. The original billing was submitted on November 12, 2007 as evidenced by fax cover sheets of submission to adjuster Cammie McClennen. The insurance carrier correctly accepted this as proof of timely filing and proceeded to audit the bill at the time. Unfortunately, the bill was audited incorrectly and Requestor submitted their reconsideration attempt.
6. On this date the Requestor billed $1,600.00 between CPT code 99456-26 at $800.00 and CPT code 99456-TC at $800.00. The Requestor provided a copy of the Designated Doctor narrative report which outlined the methodology of calculation for TWO (2) body areas, one of which was shoulder with ROM at $300.00 and another with spinal DRE at $150.00. An evaluation of the documentation shows that the IC did not account for the shoulder ROM but rather chose to reimburse another area of DRE in error. The report is very clear as to a spinal DRE and a shoulder ROM methodology combination. As Respondent has already reimbursed $650.00, additional reimbursement is allowable at $150.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code Section 134.1, Section 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the additional amount of **$150.00 plus applicable accrued interest** per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature	Medical Fee Dispute Resolution Officer	08/05/2009 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).
Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.
Si prefiere hablar con una persona en español acerca de ésta correspondencia favor de llamar a 512-804-4812.