



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

J.T. DILGER JR., M.D.

Respondent Name

INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number

M4-10-1081-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

OCTOBER 15, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Designated Doctor Exam"

Amount in Dispute: \$1,425.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please be advised that the Carrier has agreed to send the medical bill in dispute to audit for payment. Payment will be made in accordance with DWC Rule 134.204(i) and 134.202(j)."

Response Submitted by: Downs Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2009	CPT Code 99456-W5 Designated Doctor Evaluation	\$350.00	\$0.00
	CPT Code 99456-W5 Designated Doctor Evaluation	\$300.00	\$0.00
	CPT Code 99456-W5 Designated Doctor Evaluation	\$150.00	\$0.00
	CPT Code 96118 Neuropsychological testing	\$125.00	\$0.00
	CPT Code 99456-W9 Designated Doctor Evaluation	\$500.00	\$0.00
TOTAL		\$1,425.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.

Issues

1. Did the Designated Doctor bill for the MMI/IR evaluation in accordance with medical fee guideline?
2. Does the documentation support billing of CPT code 96118?
3. Does the documentation support billing code 99456-W9?

Findings

1. On the disputed date of service the requestor billed CPT code 99456-W5 (X3), 96118, and 99456-W9.
 - 28 Texas Administrative Code §134.204(i)(1)(A) states “The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor”
 - 28 Texas Administrative Code §134.204(i)(1)(B) states “Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;

A review of the submitted medical billing finds that the requestor appended modifier “W5” as the first modifier to CPT code 99456 for the MMI/IR evaluation.

- 28 Texas Administrative Code §134.204(j)(4)(C)(iii) states “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 percent of the total MAR.”
- 28 Texas Administrative Code §134.204(n)(18) states “The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes. The “WP” modifier is defined as “Whole Procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single HCP.”

The Division finds that the requestor did not use the appropriate modifier “WP” in accordance with 28 Texas Administrative Code §134.204(j)(4)(C). As a result, reimbursement is not recommended.

2. On the disputed date of service, the requestor also billed CPT code 96118 defined as “Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.” A review of the submitted documentation does not support billing CPT code 96118. As a result, reimbursement is not recommended.
3. Per 28 Texas Administrative Code §134.204(i)(1)(F) “Issues similar to those described in subparagraphs (A) - (E) of this paragraph shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W9." A review of the submitted documentation finds that the requestor billed code 99456-W9 based upon the insurance carrier’s request “Please offer any additional comments concerning your viewpoint on this case.”

Per 28 Texas Administrative Code §134.204(k) “The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.”

A review of the requestor’s billing finds that the “RE” modifier was not appended to code 99456-W9; therefore,

the requestor did not bill in accordance with 28 Texas Administrative Code §134.204. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

11/13/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **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. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.