



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

G. Peter Foox, M.D.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-11-1986

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

February 18, 2011

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "abide by Fee Sch"

**Amount in Dispute:** \$142.64

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor billed code 99455-V5, WP for conducting maximum medical improvement (MMI) and impairment rating (IR) exams on 11/22/10..."

The applicable office visit is code 99215. The MAR for this is \$194.44.

Texas Mutual paid the requestor \$194.44 for the MMI exam...

Texas Mutual paid the requestor \$150.00 for the IR based on the DRE method.

The total paid amount is \$194.44 + \$150.00, which equals \$344.44."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 22, 2010	Referral Doctor Examination to Determine Maximum Medical Improvement & Impairment Rating	\$142.64	\$142.64

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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. Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - CAC-B22 – This payment is adjusted based on the diagnosis.
  - 907 – Only treatment rendered for the compensable injury is reimbursable. Not all conditions indicated are related to the compensable injury.
  - CAC-W1 – Workers compensation state fee schedule adjustment.
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 724 – No additional payment after a reconsideration of services.
  - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

### **Issues**

1. Does an extent of injury issue exist for this dispute?
2. What is the maximum allowable reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The insurance carrier reduced disputed services with claim adjustment reason codes B22 – “THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS,” and 907 – “ONLY TREATMENT RENDERED FOR THE COMPENSABLE INJURY IS REIMBURSABLE. NOT ALL CONDITIONS INDICATED ARE RELATED TO THE COMPENSABLE INJURY.”

Review of the submitted information finds that the respondent did not maintain this reduction reason in their position statement. Therefore, the division finds that an extent of injury issue does not exist for this dispute.

2. Per 28 Texas Administrative Code §134.204(j)(3),

The following applies for billing and reimbursement of an MMI evaluation

- (A) An examining doctor who is the treating doctor shall bill using CPT Code 99455 with the appropriate modifier.
  - (i) Reimbursement shall be the applicable established patient office visit level associated with the examination.
  - (ii) Modifiers "V1", "V2", "V3", "V4", or "V5" shall be added to the CPT code to correspond with the last digit of the applicable office visit.

The requestor billed with modifier “V5.” The applicable established patient office visit level associated with this modifier is procedure code 99215. The MAR for procedure code 99215 is subject to the fee guidelines found in Texas Administrative Code §134.203, which states, in relevant part,

- (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
  - (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...
  - (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. The Division conversion factor for 2010 is \$54.32.

For procedure code 99215 on November 22, 2010, the relative value (RVU) for work of 2.11 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 2.110000. The practice expense (PE) RVU of 1.45 multiplied by the PE GPCI of 0.940 is 1.363000. The malpractice (MP) RVU of 0.10 multiplied by the MP GPCI of 1.065 is 0.106500. The sum of 3.579500 is multiplied by the Division conversion factor of \$54.32 for a MAR of \$194.44.

Per 28 Texas Administrative Code §134.204(j)(4), "The following applies for billing and reimbursement of an IR evaluation. ... (C)(ii) The MAR for musculoskeletal body areas shall be as follows. ... (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area." The submitted documentation supports that the requestor provided an impairment rating, which included a musculoskeletal body part, and performed a full physical evaluation with range of motion of the lumbar spine. Therefore, the correct MAR for this examination is \$300.00.

3. The total MAR for the disputed services is \$494.44. The insurance carrier paid \$344.44. The remaining MAR is \$150.00. The requestor is seeking \$142.64. This amount is recommended for reimbursement.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$142.64.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$142.64 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

_____	Laurie Garnes	February 10, 2016
Signature	Medical Fee Dispute Resolution Officer	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 MFDR 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 this *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.**