



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CROWN CHIROPRACTIC

Respondent Name

TEXAS DEPARTMENT OF TRANSPORTATION

MFDR Tracking Number

M4-11-2325-02

Carrier's Austin Representative

Box Number 32

MFDR Date Received

MARCH 11, 2011

REQUESTOR'S POSITION SUMMARY

"This patient was seen post DD exam. I believe the exam I performed should be compensable and paid for because of the following: (given to me by the Laredo Field Office, TDI/DWC). The DD opinion will be adopted unless an alternate certification is found to more correctly reflect a different date of MMI or a different IR."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

"Forte performed an in depth review of the billing and found that on 1/12/2011, Texas Department of Transportation received a bill for date of service 01/04/2011 in the amount of \$650.00, an audit was performed and denied for ANSI code 50-Service not deemed medically necessary with a comment stating Not medically necessary as a Designated Doctor exam was done on 7/22/008. IW was placed at MMI on 10/12/2007 by Steven Smith, DO (Designated Doctor), therefore this exam would not be r/n...Further review found that the injured worker, carrier, or injured worker's representative has not formally requested a Benefit Review Conference to dispute the MMI/IR...requestor has failed to submit sufficient evidence justifying his request for reimbursement."

Response Submitted by: Forte

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2011	CPT Code 99456-WP Alternate Maximum Medical Improvement/Impairment Rating (MMI/IR) Exam	\$650.00	\$0.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Department of Insurance, Division of Workers' Compensation (DWC) and former 28 Texas Administrative Code (TAC) §133.307, amended to be effective May 25, 2008, 33 TexReg 3954.

Background

1. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
 - 50-These are non-covered services because this is not deemed a medical necessity by the payer.
 - Not medically necessary as a Designated Doctor exam was done on 07-22-08.

Issues

Are the disputed services eligible for medical fee dispute resolution?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$650.00 for an alternate MMI/IR exam, CPT code 99456-WP, rendered on January 4, 2011.

The respondent denied reimbursement for the alternate MMI/IR performed on January 4, 2011 based upon "50-These are non-covered services because this is not deemed a medical necessity by the payer. Not medically necessary as a Designated Doctor exam was done on 07-22-08."

The respondent wrote, "Further review found that the injured worker, carrier, or injured worker's representative has not formally requested a Benefit Review Conference to dispute the MMI/IR."

28 TAC §130.12(b) states, "A first MMI/IR certification must be disputed within 90 days of delivery of written notice through verifiable means, including IRs related to EOI disputes. The notice must contain a copy of a valid Form TWCC 69, Report of Medical Evaluation, as described in subsection (c). The 90-day period begins on the day after the written notice is delivered to the party wishing to dispute a certification of MMI or an IR assignment, or both. The 90-day period may not be extended."

On July 22, 2008, the claimant attended a designated doctor examination with Stephen L. Smith, DO, that found claimant reached MMI on October 12, 2007 with a 0% IR.

The respondent contends that payment is not due because the original MMI date and IR by the designated doctor was not disputed within the first 90 days; therefore, Dr. Smith's MMI/IR is final.

A review of DWC records finds the claimant appealed Dr. Smith's MMI/IR on August 15, 2008. This date is within the 90-day timeframe. On May 9, 2012, Appeals Panel Decision ruled against the claimant. Therefore, the respondent's position and denial based upon the Designated Doctor examination being final is supported.

2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99456-WP based upon medical necessity.

Former applicable 28 TAC §133.305(a)(4) amended to be effective May 25, 2008, 33 TexReg 3954, defines a medical fee dispute as a dispute that involves an amount of payment for non-network health care rendered to an injured employee (employee) that has been determined to be medically necessary and appropriate for treatment of that employee's compensable injury.

Former applicable 28 TAC §133.305(b) amended to be effective May 25, 2008, 33 TexReg 3954, requires that "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021."

Former applicable 28 TAC §133.307 (e)(3)(G) amended to be effective May 25, 2008, 33 TexReg 3954, states, "The Division may dismiss a request for medical fee dispute resolution if:... the request contains an unresolved adverse determination of medical necessity, the Division shall notify the parties of the review requirements pursuant to §133.308 of this subchapter (relating to MDR by Independent Review Organizations) and will dismiss the request in accordance with the process outlined in §133.305 of this subchapter (relating to MDR--General).

The DWC hereby dismisses this dispute due to the unresolved medical necessity issues. The medical fee dispute request for code 99456-WP is not eligible for review until a final decision has been issued in accordance with 28 TAC §133.308.

Conclusion

For the reasons stated above, the DWC hereby dismisses this dispute. 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	Date
		<u>11/22/2019</u>

APPEAL TO A CONTESTED CASE HEARING

Former 28 Texas Administrative Code (TAC) §133.307 (f) amended to be effective May 25, 2008, 33 TexReg 3954 states that a party to a medical fee dispute may seek review of the MDR **decision or dismissal**.

A party to a medical fee dispute in which the amount in dispute equal to or less than \$2000.00 may request a Division contested case hearing conducted by a Division hearing officer. A benefit review conference **is not** a prerequisite to a Division contested case hearing under this paragraph.

To request a Division contested case hearing, fill out the DWC Form-045A (attached) with the Division's Chief Clerk no later than the later of the 20th day after the effective date of this section or the 20th day after the date on which the decision is received by the appealing party. The party filing the DWC Form-045 shall deliver a copy to all other parties involved in the dispute at the same time the request for a hearing is filed with the Division.

This decision that is not timely appealed becomes final.