



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

GULF COAST MEDICAL EVALUATIONS

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-11-2398-02

Carrier's Austin Representative

Box Number 54

MFDR Date Received

MARCH 17, 2011

REQUESTOR'S POSITION SUMMARY

"In review of the claim submitted, I found that I did not bill the correct procedure code with the correct modifier. I have corrected my mistake and am graciously asking that you reimburse the visit."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

"1. A designated doctor (DD) determined the claimant had 10% impairment at statutory MMI on 4/7/08. (Attachment 1). 2. The treating doctor signed the DD's DWC-69 but did not indicate agreement or disagreement. Regardless, the treating doctor selected Dr. J. Slaughter, D.C., to determine MMI/IR. Dr. Slaughter found the claimant reached MMI on 5/20/08 with a 5% impairment (Attachment 2). 3. Dr. J. Costello, D.C., became the treating doctor on 6/16/09. Dr. Costello selected the requestor to determine MMI/IR. The requestor concluded the claimant was at clinical MMI on 11/11/10 with 10% impairment. 4. Texas Mutual initially denied payment of the requestor's billing because of incorrect coding and MMI/IR had previously been determined in 2008. The requestor corrected the coding but provided no substantive explanation to cause Texas Mutual to alter the other denial reason. Texas Mutual maintains the denial. The DD determined MMI/IR in 2008. This was not disputed. The previous treating doctor also had MMI/IR determined. Texas Mutual argues a third MMI/IR on the initial MMI/IR that was not disputed or appealed is superfluous."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 11, 2010	CPT Code 99455-V3-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. Former 28 Texas Administrative Code (TAC) §133.307, effective May 25, 2008 33 TexReg 3954, sets out the procedures for medical fee dispute resolution.
2. 28 TAC §130.12, effective March 14, 2004, 29 TexReg 2328, provides for the Finality of the First Certification of Maximum Medical Improvement and/or First Assignment of Impairment Rating.
3. Former 28 TAC §134.204, effective March 1, 2008, 33 TexReg 364, sets out the medical fee guidelines for workers' compensation specific services.
4. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
 - CAC-W1-Workers compensation state fee schedule adjustment.
 - CAC-4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 732-Accurate coding is essential for reimbursement. CPT and/or modifier billed incorrectly. Services are not reimbursable as billed.
 - 743-MMI/IR has been determined by a Designated Doctor. Subsequent exams for MMI/IR not appropriate.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891-No additional payment after reconsideration.

Issues

Is the requestor entitled to reimbursement for CPT code 99455-V3-WP rendered on November 11, 2010?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$650.00 for an alternate MMI/IR exam, CPT code 99455-WP, rendered on November 11, 2010.
2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99455-WP based upon "CAC-4-The procedure code is inconsistent with the modifier used or a required modifier is missing;" and "732-Accurate coding is essential for reimbursement. CPT and/or modifier billed incorrectly. Services are not reimbursable as billed."
3. The applicable fee guideline for the disputed services is found in the former fee guideline found at 28 TAC §134.204.

Former 28 TAC §134.204(j)(3) states,

Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (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.

(B) If the treating doctor refers the injured employee to another doctor for the examination and certification of MMI (and IR); and, the referral examining doctor has:

(i) previously been treating the injured employee, then the referral doctor shall bill the MMI evaluation in accordance with paragraph (3)(A) of this subsection; or,

(ii) not previously treated the injured employee, then the referral doctor shall bill the MMI evaluation in accordance with paragraph (3)(C) of this subsection.

(C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.

Former 28 TAC §134.204(j) states,

Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (4) The following applies for billing and reimbursement of an IR evaluation. (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 percent of the total MAR.

4. The requestor wrote, "In review of the claim submitted, I found that I did not bill the correct procedure code with the correct modifier. I have corrected my mistake and am graciously asking that you reimburse the visit."

A review of the submitted EOBs finds that the requestor initially billed 99455-WP, then upon reconsideration billed 99455-V3-WP. The respondent did not maintain the denial based upon inaccurate coding.

5. The respondent also denied reimbursement for the alternate MMI/IR based upon "743-MMI/IR has been determined by a Designated Doctor. Subsequent exams for MMI/IR not appropriate."

The respondent wrote, "1. A designated doctor (DD) determined the claimant had 10% impairment at statutory MMI on 4/7/18. (Attachment 1). 2. The treating doctor signed the DD's DWC-69 but did not indicate agreement or disagreement. Regardless, the treating doctor selected Dr. J. Slaughter, D.C., to determine MMI/IR. Dr. Slaughter found the claimant reached MMI on 5/20/08 with a 5% impairment (Attachment 2)... Texas Mutual maintains the denial. The DD determined MMI/IR in 2008. This was not disputed. The previous treating doctor also had MMI/IR determined. Texas Mutual argues a third MMI/IR on the initial MMI/IR that was not disputed or appealed is superfluous."

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."

The designated doctor found claimant reached MMI on April 7, 2008 with a 10% 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, the designated doctor's MMI/IR is final.

No documentation was submitted to support an appeal of the designated doctor's decision of MMI/IR; therefore, the respondent's position and denial based upon the Designated Doctor examination being final is supported.

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

11/26/2019
Date

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.