



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 and Address

MARTHA RODRIGUEZ RUIZ
PO BOX 741865
DALLAS TX 75374

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number

M4-13-2165-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "99456 RE first exam pays \$500.00."

Amount in Dispute: \$337.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider billed CPT 99456 RE W8 twice on date of service 05/21/12. The provider was reimbursed \$500.00 for the first and \$250.00 for the second. On date of service 11/16/12 CPT 99456 RE W8 was reimbursed at \$162.50. \$125.00 plus additional allowance for the range of motion testing performed."

Response Submitted by: Pappas & Suchma, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 16, 2012	CPT Code 99456 RE W8	\$337.50	\$337.50

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 a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 16- (16) Claim /service lacks information which is needed for adjudication

Issues

1. Did the insurance carrier pay correct reimbursement amount to the provider?
2. Is the requestor entitled to reimbursement?

Findings

1. In its position statement, the carrier states "The provider billed CPT 99456 RE W8 twice on date of service 05/21/12. The provider was reimbursed \$500.00 for the first and \$250.00 for the second. On date of service 11/16/12 CPT 99456 RE W8 was reimbursed at \$162.50. \$125.00 plus additional allowance for the range of motion testing performed."
 - 28 Texas Administrative Code §134.204 (k) states "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..."
 - Furthermore 28 Texas Administrative Code §134.204 (2) (A) states "When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) - (F) of this subsection: (A)the first examination shall be reimbursed at 100 percent of the set fee outlined in subsection (k) of this section;"
 - 28 Texas Administrative Code §134.204 (1)(C) –(F) of this subsection states "(C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W6;" (D)Whether the injured employee's disability is a direct result of the work-related injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W7;" (E) Ability of the employee to return to work shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W8"; and (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."

Review of the documentation found that the requestor billed one unit of CPT code 99456 RE W8 for date of service 11/16/2012. Per rule §134.204 (2) (A) the first examination shall be reimbursed at 100 percent.

2. The respondent issued payment in the amount of \$162.50. Based upon the documentation submitted, additional reimbursement in the amount of \$337.50 is recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due.

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 \$337.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	March 26, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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