



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

PETER M GARCIA MD

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-13-3307-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 15, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim included with this letter is for an extensive Post-Designated Doctor Required Medical Exam. This appointment consisted of three separate evaluations: Extent of Injury, Return to Work, and DRE1 with one body area. Per the Texas Department of Insurance Division of Workers' Compensation Medical Fee Guidelines, these are separately billable services. The fees for Extent of Injury and Return to Work are \$500.00 for the first and \$250 for the 2nd: DRE with one body area is \$500.00. Total billing for these evaluations is \$1250.00."

Amount in Dispute: \$1,250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider has received two EOB's prior to this MDR stating that the code is incorrect. 924.12 is not valid code, which is required per billing Rule 133.10(f)

(1)(M):

(M) diagnosis or nature of injury (CMS-1500/field 21) is required, at least one diagnosis code must be present;..."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 29, 2012	CPT Code 99456-WP, 99456-RE and 99456-RE-59	\$1,250.00	\$850.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 14 – (146) Charge was invalid for the date(s) of service reported
 - 148 – no reason given

- 145 – no reason given

Issues

1. What is the maximum allowable reimbursement for maximum medical improvement and impairment rating examination?
2. Did the requestor bill the respondent appropriately for return to work and extent of injury examination?
3. Is the requestor entitled to reimbursement?

Findings

1. In this case the requestor was required to evaluate the injured employee for maximum medical improvement, impairment rating according to DWC-22 Required Medical Examination (RME) – Request for Agreement/Request for Order.

Per 28 Texas Administrative Code §134.204(j)(3)(C) states “An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.”

Per 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.”

Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I) states “(I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used. (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.”

Review of documentation provided by the requestor finds maximum medical improvement and impairment rating evaluations performed. However, there is no supporting documentation provided for the impairment rating method used. Therefore, no reimbursement is allowed for impairment rating evaluation.

The provider billed with CPT Code 99456-WP in the amount of \$500.00 with one unit billed.

The total maximum allowable reimbursement for billed service 99456-WP is \$350.00.

2. 28 Texas Administrative Code §134.204(i)(2) 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; (B) the second examination shall be reimbursed at 50 percent of the set fee outlined in subsection (k) of this section.

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. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.”

Review of submitted documentation finds extent of injury and return to work examination performed.

Provider billed for return to work with CPT Code 99456-RE in the amount of \$500.00 with one unit. The requestor billed with appropriate modifiers. Therefore, service billed is supported. The total maximum allowable reimbursement for return to work examination is \$500.00.

The provider billed extent of injury examination with CPT Code 99456-RE-59 with one unit in the amount of \$250.00. The service procedure code is not supported. The requestor did not use the appropriate modifier for the service billed in accordance with 28 Texas Administrative Code §134.204(k). No reimbursement is allowed for CPT Code 99456-RE-59.

3. The respondent issued payment in the amount of \$0.00. Based upon the documentation submitted, additional reimbursement in the amount of \$850.00 is recommended.

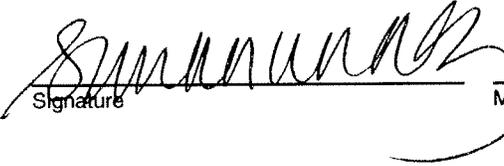
Conclusion

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 \$850.00.

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 \$850.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature


Signature _____
Sandra Hernandez
Medical Fee Dispute Resolution Officer
1/9/15
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.

