



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

G PETER FOOX MD

Respondent Name

ZNAT INSURANCE CO

MFDR Tracking Number

M4-13-3386-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 22, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please not our bill for this date of services is attached to this report. By accepting this report, you accept receipt of the HCFA 1500 in a timely fashion. Do not separate the bill from the narrative report"

Amount in Dispute: \$75.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This letter is in response to the Medical Fee Dispute Resolution Request (Form DWC060) filed by Gerald Fook, MD. The dispute appears to be a fee dispute regarding a designated doctor examination performed on 5/31/2013 by Gerald Fook, MD. Attached to this letter is a copy of the DWC060 received from the requestor.

Zenith Insurance maintains its position that the designated doctor exam was paid according to fee guidelines, with 99456-WP paying \$800.00. The other bode billed 99456-MI is not supported by the documentation provided. No additional reimbursement is recommended."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 31, 2013	CPT Code 99456-MI	\$75.00	\$0.00

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:
 - A4T-150 – No payment is due. The submitted documentation does not support the services billed

Issues

1. Is CPT Code 99456-MI supported?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Labor Code §134.204 states (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:.. (C) If the examining doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed in accordance with paragraphs (3) and (4) of this subsection. (3) The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350. (4) The following applies for billing and reimbursement of an IR evaluation. (A) The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form. (B) When multiple IRs are required as a component of a designated doctor examination under §130.6 of this title (relating to Designated Doctor Examinations for Maximum Medical Improvement and/or Impairment Ratings), the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code.

Review of the requestor submitted documentation finds the examining doctor performed services on May 31, 2013 to address maximum medical improvement and impairment rating. In review of the report the examining doctor did address maximum medical improvement and impairment rating with two body areas rated. The requestor billed the services performed as CPT Code 99456-WP with two units in the amount of \$800.00 and 99456-MI with one unit in the amount of \$75.00. Therefore, CPT Code 99456-MI is not supported.

2. The respondent issued payment in the amount of \$0.00. Based upon the documentation submitted, no additional reimbursement is recommended

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. 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 Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	Date
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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.