



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

JS HARRIS

Respondent Name

AMERICAN ZURICH INSURANCE CO

MFDR Tracking Number

M4-14-0813-01

Carrier's Austin Representative Box

Box Number 19

MFDR Date Received

November 12, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We appropriately billed for the maximum of four body parts and were only reimbursed for three body parts...No details were given as to what specific criteria was utilized to make the determination arriving at the reimbursement given...that leaves a balance of \$165 due our office."

Amount in Dispute: \$165.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The reductions were appropriate. Per the review, 99456, \$350+600 (150x4) \$950 reimbursement; procedure code 99080 billed with modifier 69, charge denied. Note: the state of Texas will no longer reimburse medical evaluation reports."

Response Submitted by: Flahive, Ogden & Latson.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 6, 2013	CPT Code 99456- WP, 4 UNITS	\$165.00	\$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 a medical fee dispute.
- 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:

Explanation of benefits

- *96- (96) Non-covered charges(s)
- *W1- (W1) Workers compensation state fee schedule adjustment.
- *BL- This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments.

Issues

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

Findings

1. The insurance carrier denied disputed services with reason code *96- "(96) Non-covered charges(s)." In its position statement, the carrier states in pertinent part "The reductions were appropriate..."
 - Per 28 Texas Administrative Code §134.204 (j)(4) (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas. (i)Musculoskeletal body areas are defined as follows:

(I) spine and pelvis; (II) upper extremities and hands; and, (III)lower extremities (including feet). (ii)The MAR for musculoskeletal body areas shall be as follows. (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. (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.
 - Per 28 Texas Administrative Code §134.204(j)(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:(A)the examination;(B)consultation with the injured employee; (C)review of the records and films; (D)the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets...

Review of the documentation found that the requestor billed four body areas for CPT code 99456 WP on date of service 3/6/13. Per 28 Texas Administrative Code §134.204 a maximum of three body areas may be billed. The carrier paid four body areas.

2. The respondent issued payment in the amount of \$950.00. 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

April 4, 2014

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