



# 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](http://www.tdi.texas.gov)

### AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

ROBERT A. FULFORD, MD

**Respondent Name**

HARRIS COUNTY

**MFDR Tracking Number**

M4-14-2773-02

**Carrier's Austin Representative**

Box Number 21

**MFDR Date Received**

MAY 9, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The following bill was audited and paid incorrectly...if a full physical evaluation, with range of motion, is performed, reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00."

**Amount in Dispute:** \$150.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Since the face is not by definition a musculoskeletal area and there was no specific testing done to render an impairment rating, no allowance is due for this area."

**Response Submitted by:** Argus

**Respondent's Supplemental Position Summary:** "For date of service January 21, 2014, provider submitted billing for examination CPT 99456-WP - \$950.00 maximum medical improvement and impairment rating (3 body area). The billing reflects 99456-WP MMI= \$350.00, IR = Wrist w/ROM - \$300.00, IR – Back = \$150.00, and IR – Face = \$150.00; totaling \$950.00. Of this amount, \$800 was reimbursed. IR – Face = \$150.00, was reduced, as it does not meet the definition and/or billing requirements for musculoskeletal body areas argued by the Requestor. In report, the impairment for the face did not require IR testing of the musculoskeletal body area(s); therefore, the provider should not bill MMI CPT code with modifier 'EP' for the IR of the face."

**Response Submitted by:** Thornton, Biechling, Segrato, Reynolds, & Guerra, L.C.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 21, 2014	CPT Code 99456-WP (X3) Designated Doctor Evaluation	\$150.00	\$0.00

#### FINDINGS AND DECISION

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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 medical fee disputes.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1A-Workers compensation state fee schedule adjustment \* Reimbursement per Rule 134.203/134.204. Prior to March 1, 2008, Rule 134.202\*.
  - W3Z-No reimbursement recommended on reconsideration/appeal.
  - 724-No additional payment after a reconsideration of services.

## **Issues**

Is the requestor entitled to additional reimbursement?

## **Findings**

On the disputed date of service the requestor billed CPT code 99456-WP.

- 28 Texas Administrative Code §134.204(i)(1)(A) states “The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier “W5” is the first modifier to be applied when performed by a designated doctor”

A review of the submitted medical billing finds that the requestor did not append modifier “W5” to CPT code 99456.

- 28 Texas Administrative Code §134.204(j)(3)(C) states “The following applies for billing and reimbursement of an MMI evaluation. An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.”

The requestor billed CPT code 99456 because the examination was performed by a designated doctor.

- 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.”
- 28 Texas Administrative Code §134.204(n)(18) states “The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes. The “WP” modifier is defined as “Whole Procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single HCP.”

A review of the requestor’s billing finds that the “WP” modifier was appended to CPT code 99456 to designate that the provider had performed the MMI examination and the IR testing.

The maximum allowable reimbursement (MAR) for CPT code 99456-WP is:

- 28 Texas Administrative Code §134.204(j)(1) states “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.”
- 28 Texas Administrative Code §134.204(j)(4)(C) states “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).”

A review of the Designated Doctor report finds that an examination was performed on the face, lumbar spine and wrist. Per 28 Texas Administrative Code §134.204(j)(4)(C) the face does not meet the definition of musculoskeletal body area.

- 28 Texas Administrative Code §134.204(j)(4)(D) states “Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.”

The Division finds that 28 Texas Administrative Code §134.204(j)(4)(D) applies to the Designated Doctor examination on the face. A review of the submitted medical billing does not support that the requestor billed the appropriate CPT code(s) for the test(s) required for the assignment of IR; therefore, additional reimbursement is not recommended.

- 28 Texas Administrative Code §134.204(j)(4)(C)(ii) states “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.”

A review of the Designated Doctor report finds that a full evaluation with range of motion was performed on the lumbar spine and wrist; therefore, the MAR is \$450.00 per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a). Per 28 Texas Administrative Code §134.204(j)(3)(C) the requestor is due \$350.00 for the MMI evaluation. The Division finds that the total allowable for the MMI/IR evaluation is \$800.00. The respondent paid \$800.00. As a result, the requestor is entitled to reimbursement of \$0.00.

**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	11/21/2014 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.**