



# 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)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Priya Balakrishnan, MD

**Respondent Name**

American States Insurance Company

**MFDR Tracking Number**

M4-15-0744-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

October 27, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "New Rule §134.204(i) describes all six examinations performed by designated doctors, but directs the reimbursement for MMI/IR examinations performed by designated doctors to subsection (j), and excludes reimbursement for MMI/IR from the tiered reimbursement structure of subsection (i) for multiple examinations performed by the designated doctor. MMI/IR examinations performed by designated doctors do not result in the tiering of the non-MMI/IR examinations.

When conducting exams for issues other than MMI/IR, apply the new tiered reimbursement method described in rule 134.204(i) to the remaining four exams. **Reimbursement for one of these exams is \$500.** When conducting more than one of these exams under the same request, the first exam is reimbursed at 100% of the fee for the exam, \$500; the second exam is reimbursed at 50% of the fee for the exam, \$250; and the subsequent exam(s) are reimbursed at 25% of the fee for the examination, \$125...

**Employee's ability to return to work**

(Reimbursement \$125.00)

**DWC-73 work status report *is not* global to the Return to Work Exam per Rule 126.7 (o)**

(Reimbursement \$15.00)

**Total Reimbursement is \$140.00**

...We seek full reimbursement for the outstanding balance of \$340.00 along with interest accrued according to Rule 134.803 Calculating Interest for Late Payments on Medical Bills."

**Amount in Dispute:** \$140.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on November 5, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

**Response Submitted by:** NA

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2014	Designated Doctor Examination & DWC-073	\$140.00	\$125.00

## **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**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the procedures for billing and reimbursing Designated Doctor Examinations.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 1 – (59) Processed based on multiple or concurrent procedure rules.
  - 2 – (97) The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - Note 3 – Due to multiple services, this procedure was reduced 50 percent of the fee schedule rate. (M465)
  - Note 4 – Per CPT, code is denied based on CPT instructions. Service included in 99456. (MV01)

### **Issues**

1. What is the correct MAR for CPT Code 99456-W8-RE according to 28 Texas Administrative Code §134.204?
2. Is the filing of the DWC-073 payable when provided in conjunction with 28 Texas Administrative Code §134.204 (i)?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. Per 28 Texas Administrative Code §134.204 (k), "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" [emphasis added]. The submitted documentation indicates that the Designated Doctor performed an examination to determine the injured employee's ability to Return to Work. Therefore, the correct MAR for this examination is \$500.00.
2. Per 28 Texas Administrative Code §134.204 (l), "The following shall apply to Work Status Reports. When billing for a Work Status Report **that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section**, refer to §129.5 of this title (relating to Work Status Reports)" [emphasis added]. Therefore, the filing of the DWC-073 is not payable when provided in conjunction with a Designated Doctor Examination under 28 Texas Administrative Code §134.204 (i).
3. Review of the submitted documentation finds that the requestor billed \$515.00 for the services in dispute. The insurance carrier paid \$325.00. The requestor is entitled to an additional reimbursement of \$175.00. However, the requestor is seeking reimbursement of \$125.00 for the payable service in dispute. Therefore, this is the recommended amount.

### **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 \$125.00.

**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 \$125.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

Laurie Garnes  
Medical Fee Dispute Resolution Officer

January 21, 2015  
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.**