



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

Louis Arrondo, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-15-0765-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 28, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to rule §130.6 when multiple IRs are required as a component of a designated doctor examination, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. We billed for 3 body parts, you only paid for one. Therefore, you owe for 2 more which is \$100 lacking on your payment. Modifier 'MI' shall be added to the MMI evaluation CPT code. I would like for you to take this into consideration and reimbursed the amount that is still pending."

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 6/27/14.

The requestor, as DESIGNATED DOCTOR, assessed impairment to the left lower extremity, ribs, and head. Texas Mutual paid \$350.00 for the MMI exam, \$300.00 for the extremity, \$150.00 for the ribs, and \$150.00 for the head for a total of \$950.00. This is consistent with the requestor's documentation and Rule 134.204. No additional payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 27, 2014	Designated Doctor Examination (MMI/IR)	\$100.00	\$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 provides the fee guidelines for billing and reimbursing Designated Doctor Examinations.
3. 28 Texas Administrative Code §127.10 sets out the general procedures for Designated Doctor Examinations.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-P12 – Workers’ compensation jurisdictional fee scheduled adjustment
 - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services. For information call 1-800-937-6824

Issues

1. What are the relevant rules for determining reimbursement for the disputed services?
2. What is the total allowable for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor has referenced 28 Texas Administrative Code §130.6 to justify his use of the MI modifier and billing multiple impairments. However, this rule was repealed, effective September 1, 2012. The preamble for the repeal found in TRD-201203528 states in relevant part, “This repeal is necessary to ensure clarity and efficiency in designated doctor regulation and is adopted simultaneously with the adoption of amended §127.10 of this title ... Amended §127.10 of this title recodifies subsections (a), (b)(5), and (f) of repealed §130.6 [(f) is the relevant section that the requestor referenced].”

28 Texas Administrative Code §127.10 (d) is the recodification of §130.6 (a), (b)(5), and (f). This rule states in relevant part, “... If a designated doctor is **simultaneously requested to address MMI and/or impairment rating and the extent of the compensable injury in a single examination**, the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each possible outcome for the extent of the injury... **If the designated doctor provided multiple certifications of MMI and impairment ratings, the designated doctor must file a Report of Medical Evaluation** under §130.1(d) of this title **for each impairment rating assigned**” [emphasis added].

The rule that defines the use of the MI modifier is 28 Texas Administrative Code §134.204 (j)(4)(B), which states, “When multiple IRs are required as a component of a designated doctor examination under §130.6 of this title... [which has been replaced by §127.10 (d), as discussed] , 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.”

2. Per 28 Texas Administrative Code §134.204 (j)(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.” The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. Therefore, the total allowable for this examination is \$350.00.

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that “(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... (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. (D) ... (i) Non-musculoskeletal body areas are defined as follows: (I) body systems; (II) body structures (including skin); and, (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides... (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150”.

Review of the submitted documentation finds that the requestor performed one impairment rating evaluation of three body areas, the left lower extremity (full physical examination with range of motion), the head (neurological system), and the ribs (respiratory system). Therefore the total allowable for this examination is \$600.00.

The submitted documentation finds that the provider was ordered and performed only one impairment rating of three body areas. Since multiple impairment ratings were not performed as defined by 28 Texas Administrative Code §127.10 (d) and §134.204 (j)(4)(B), no reimbursement is allowed for the use of the MI modifier. Please see the table below for a detailed analysis.

Examination	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement		\$350.00
IR: Left Hip and Knee (ROM)	Lower Extremities	\$300.00
IR: Head	Body Systems	\$150.00
IR: Ribs	Body Systems	\$150.00
Total MMI		\$350.00
Total IR		\$600.00
Total Exam		\$950.00

3. The total allowable for the Designated Doctor Examination, CPT code 99456, is \$950.00. The insurance carrier paid \$950.00. Therefore, the requestor is not entitled to additional reimbursement.

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

	Laurie Garnes	February 6, 2015
Signature	Medical Fee Dispute Resolution Officer	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.