



**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**

Mary F. Terrell, MD

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-15-1307-01

**Carrier's Austin Representative**

Box Number 45

**MFDR Date Received**

December 30, 2014

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "I am in receipt of partial payment for a bill for a Designated Doctor Examination; the EOB states that the denial for the unpaid portion of the bill is due to: 'WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.'

However, this denial is incorrect: the amount paid does not meet the suggested reimbursement amount set in the Medical Fee Guidelines.

Please review Texas Administrative Code Rule §127.10 (d), in regard to the unpaid balance for the procedure 99456-MI.

We billed \$1,250.00 for these services; we have only received \$1,200.00 as payment from your company. **Please issue payment in the amount of \$50.00 to settle this claim.**"

**Amount in Dispute:** \$50.00

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Upon notification of this dispute the Office performed a comprehensive review of the medical billing in question received from requestor ... for date of service 6/13/2014 billing CPT code 99456 MI in the amount of \$50.00. The Office found that reimbursement had been made to the requestor for this exam pursuant to 28 Texas Administrative Code Rule §134.204 (4)(B) which states When Multiple IRs are required as a component ... of a designated doctor examination under §130.6 of this title, the designated doctor shall bill for the number of **body areas** rated and be reimbursed \$50.00 for each additional IR calculation. Modifier MI shall be added to the MI evaluation code.

The Office's audit findings of this exam are as follows:

MMI	(upper extremity elbow, forearm, wrist)	\$350.00
IR	(ROM – elbow, forearm wrist)	\$300.00
IR	(MI)	\$ 50.00
Extent of Injury RE		\$500.00
Total Reimbursement		\$1,200.00

Pursuant to Rule 134.202 and the American Medical Association Evaluation Guides page 3/15 show that the upper extremity body area includes hands, shoulders, elbow, wrist, and forearm. Further review of the designated doctor report, the examining doctor evaluated the left wrist, left elbow and left forearm which is identified as one body area. The Office reimbursed \$50.00 for the performance of providing a multiple impairment rating to one body area (elbow, wrist, and forearm) pursuant to the aforementioned rule. Therefore the Office will maintain that the requestor has been reimbursed appropriately pursuant to the Division's rules and payment policies and finds no additional payment is due."

**Response Submitted by:** State Office of Risk Management

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2014	Designated Doctor Examination (Multiple Impairments)	\$50.00	\$50.00

## **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 §127.10 sets out the procedures for Designated Doctor Examinations.
3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Designated Doctor Examinations.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - Note: DD/MMI reached/IR@ROM/EOI-Multiple impairment rating only supports conditions of one body region for upper body extremity –(left wrist).
  - 285 – Please refer to the note above for a detailed explanation of the reduction

### **Issues**

1. Did the requestor correctly bill for two (2) units of multiple impairment ratings?
2. What is the correct reimbursement for the multiple impairments provided?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. Per 28 Texas Administrative Code §127.10 (d), "...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].

Per 28 Texas Administrative Code §134.204 (j)(4)(B), "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**" [emphasis added].

The preamble, found in 33 TexReg 364, clarifies the intent of this rule, stating, "Subsection (j) of this section maintains the provision that when performing an IR evaluation, body areas are reimbursed as well, and also **maintains an additional reimbursement of \$50 for each additional IR calculation** when multiple IRs are required as a component of a designated doctor examination" [emphasis added]. Further, the preamble for former 28 Texas Administrative Code §134.202, 27 TexReg 4048 and 12304, similarly states, "Due to extensive public comment, substantial changes have been made to subsection (e)(6), regarding Maximum Medical Improvement and /or Impairment Rating (MMI/IR) examinations. Subsection (e)(6) has been revised to reorganize and simplify the billing and reimbursement provisions for MMI/IR examinations and assessments. The language has been restructured to quickly direct the healthcare provider to the applicable billing and payment policies. Also, the adopted rule has been amended to incorporate **reimbursement of \$50 for each additional IR calculation when multiple IRs are required as a component of a designated doctor examination**" [emphasis added].

The compensable injury, as reported on the DWC032 (Request for Designated Doctor Examination) was "left elbow/forearm sprain only." The designated doctor provided a Report of Medical Evaluation for the compensable left elbow/forearm sprain, for the compensable injury with left wrist de Quervain's tenosynovitis, and for the compensable injury with left wrist de Quervain's tenosynovitis and left volar ganglion cyst, to take into account each possible outcome. Therefore, the requestor correctly billed for two (2) units of multiple impairment ratings.

2. 28 Texas Administrative Code §134.204 (j)(4)(B) states, "the designated doctor shall...be reimbursed \$50 for each additional IR calculation." Therefore, the correct reimbursement for two (2) units of multiple impairment

ratings is \$100.00.

- 3. The insurance carrier paid \$50.00 for one (1) unit of multiple impairment ratings. Therefore, the requestor is entitled to an additional reimbursement of \$50.00.

**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 \$50.00.

**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 \$50.00 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

March 12, 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.**