



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Geoffrey Coates, MD

Respondent Name

American Zurich Insurance Company

MFDR Tracking Number

M4-15-1561-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 27, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This examination was billed and should be reimbursed as per *Rule 134.204 (J) (I) and Advisory 2004-01* Maximum Medical Improvement and/or Impairment Rating Evaluation as follows:

Not at MMI: If a patient has not reached MMI then the correct billing is \$350.00 and should be billed as 99456-W5-NM.

At MMI: If it is determined that a patient has reached MMI the Designated Doctor will charge \$350.00 and will bill as 99456-W5. In addition to the \$350.00 for MMI Assessment the Designated Doctor will charge \$300.00 for the first area of examination and \$150.00 for each additional area of examination. The areas of examination are defined as (1) spine/pelvis (2) upper extremities/hands (3) lower extremities/feet. Non musculoskeletal body areas shall be billed and reimbursed according to the testing required for the assignment of the impairment rating in addition to the \$350.00 for the MMI assessment.

...

As per Texas Workers Compensation Commission Medical Fee Guidelines it pertains to the above information. As per TWCC Rules and Regulations the insurance carrier is required to submit documentation or payment with regards to reconsideration on a claim within 30 days of the date the reconsideration is received.

The total amount that is currently due on this outstanding bill is \$950.00

The doctor's sole purpose is to evaluate the patient using doctors approved by the State of Texas and the Texas Workers' Compensation Commission in order to establish an impairment rating. Anything billed for these examinations is within the Medical Fee Guidelines and the established rules and regulations of the Texas Workers Compensation Commission and therefore, should be paid accordingly."

Amount in Dispute: \$950.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOBs. The bill was not submitted timely. Under Sec. 408.027(a), health care providers (HCPs) have 95 days from the date of service to submit a medical bill to the insurance carrier. This time frame applies to medical services provided on and after September 1, 2005. HCPs who fail to meet this deadline forfeit their right to reimbursement. The health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. Per Rule 133.20(b):

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the same statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health

care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) – (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

The Texas Labor Code requires reimbursement for all medical expenses to be fair and reasonable and be designed to ensure the quality of medical care and to achieve effective medical cost control. TEX. LABOR CODE Section 413.011(d). Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 21, 2014	Designated Doctor Examination (99456 WP W5)	\$950.00	\$950.00

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 fee guidelines for billing and reimbursing Designated Doctor Examinations.
3. 28 Texas Administrative Code §102.4 defines the procedures for non-commission communications.
4. 28 Texas Administrative Code §133.200 sets out the procedures for insurance carriers when they receive a medical bill from a health care provider.
5. 28 Texas Administrative Code §133.2 defines terms used in medical billing and processing.
6. 28 Texas Administrative Code §133.10 sets out the procedures for completing medical bills.
7. 28 Texas Administrative Code §133.20 sets out the procedures for submitting medical bills by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:
No explanations of benefits were provided.

Issues

1. Did the requestor submit a medical bill for the disputed services in a timely manner?
2. What is the correct MAR for the disputed services?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier posits in their position statement that the bill for the disputed services "was not submitted timely." 28 Texas Administrative Code §133.20 (b) states in relevant part, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

Review of the submitted documentation finds that a medical bill for the disputed services was successfully submitted by fax on June 9, 2014. 28 Texas Administrative Code §102.4 (p) states, "For purposes of determining the date of receipt for non-commission written communications, unless the great weight of evidence indicates otherwise, the Commission shall deem the received date to be five days after the date mailed via United States Postal Service regular mail; or **the date faxed** or electronically transmitted" [emphasis added]." Therefore, the Division finds that the insurance carrier received a medical bill for the disputed services on June 9, 2014.

28 Texas Administrative Code §133.200 (a)(2) states in relevant part, “**Within 30 days after the day it receives a medical bill** that is not complete as defined in §133.2 of this chapter, an insurance carrier shall: (B) return the bill to the sender, in accordance with subsection (c) of this section” [emphasis added]. Submitted documentation does not support that the insurance carrier returned the medical bill as incomplete within 30 days after the day it received the medical bill.

Therefore, the Division finds that the medical bill for the disputed services was submitted in a timely manner.

- 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 correct MAR 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 impairment rating evaluations of left wrist, left elbow, left shoulder, left hip, right hip, left ankle, skin lacerations, ribs, and cerebral contusion. Therefore, the correct MAR for the examination to determine IR is \$900.00. Please see the table below for a detailed analysis.

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Left Wrist (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Left Elbow (ROM)			
IR: Left Shoulder (ROM)		Lower Extremities	\$150.00
IR: Bilateral Hips (ROM)			
IR: Left Ankle (ROM)			
IR: Lacerations	Skin	Body Structures	\$150.00
IR: Rib fractures	Respiratory System	Body Systems	\$150.00
IR: Cerebral Contusion	Nervous System	Body Systems	\$150.00
Total MMI			\$350.00
Total IR			\$900.00
Total Exam			\$1,250.00

- The total allowable for the disputed services is \$1250.00. Review of the submitted documentation finds that the requestor is seeking reimbursement of \$950.00. The documentation indicates that the insurance carrier paid \$0.00. Therefore, the reimbursement of \$950.00 is recommended.

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 \$950.00.

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 \$950.00 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 20, 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.