



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

Jerome Carter, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-15-1660-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 2, 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.

...

Return to Work: When Conducting a commission or insurance carrier requested RTW the examining doctor shall bill utilizing CPT Code 99456 with W8 Modifier and shall be reimbursed at \$500.00 for the examination. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

...

The total amount that is currently due on this outstanding bill is \$850.00

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: \$850.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 10/3/14. The requestor performed MMI/R exams as designated doctor. The designated doctor's narrative report has the date of the exam as 11/3/14 and the DWC69 has the same date. However, the requestor billed for the exams with date 10/3/14. Because the documentation does not substantiate the billing date Texas Mutual declined to issue payment."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 3, 2014	Designated Doctor Examination	\$850.00	\$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 sets out the fee guidelines for billing and reimbursing Designated Doctor Examinations.
3. 28 Texas Administrative Code §133.10 sets out the procedures for billing medical services by a health care provider.
4. 28 Texas Administrative Code §127.220 sets out the requirements for Designated Doctor Reports.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
 - 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.
 - 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.

Issues

1. Were the disputed services supported according to 28 Texas Administrative Code §127.220?
2. Is the requestor entitled to reimbursement?

Findings

1. The submitted dispute involves a Designated Doctor Examination for October 3, 2014. 28 Texas Administrative Code §127.220 (a) states, "Designated doctor narrative reports must be filed in the form and manner required by the division and at a minimum: ... (6) state the date of the examination and the address where the examination took place." Review of the submitted documentation finds that the narrative indicates the date of examination was November 3, 2014. Therefore, the disputed services were not supported according to 28 Texas Administrative Code §127.220.
2. Because the disputed services were not supported by the requestor, no further reimbursement is recommended.

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

Laurie Garnes
Medical Fee Dispute Resolution Officer

March 25, 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.