



# 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**

Joe W. Wiggins, DC

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-15-1786-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

February 17, 2015

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "I received a denial for the remaining balance of this bill, stating 'WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT; PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING; THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE; DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS.' However, this is incorrect.

99456 was the CPT code used to bill the Impairment Rating, with modifiers 'W5' and 'NM' because a doctor other than the treating doctor examined the injured employee; that doctor was acting as a TDI-DWC appointed designated doctor; the examination performed by the doctor was to determine MMI and/or IR; the injured employee is not at MMI; 99456-W6-RE was used because we're indicating that Dr. Wiggins was a designated doctor performing an examination that addressed the extent of compensable injury; 99456-MI was used to indicate that TDI-DWC requested multiple impairment ratings.

We billed a total of \$900.00 for these services. *We have only received \$550.00 from your company, which does not meet the Medical Fee Guidelines suggested payment amount of \$900.00. Please issue prompt payment in the amount of **\$350.00** to settle this claim."*

**Amount in Dispute:** \$350.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute of **3/18/2014**. The requestor billed code 99456-W5/NM. Texas Mutual paid declined to issue payment for this code. As it is the code says in effect the MMI exam was done and the claimant is not at MMI. Therefore, no IR can be calculated. However, the requestor's narrative does declare MMI and with an impairment rating. Because of the disconnect between the billing code and the documentation, i.e. the documentation does not substantiate the coding, Texas Mutual denied payment. This was communicated to the requestor via modifier 732- ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. MODIFIER BILLED INCORRECTLY OR MISSING. SERVICES ARE NOT REIMBURSEABLE AS BILLED."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 18, 2014	Designated Doctor Examination (MMI/IR/EOI)	\$350.00	\$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 §127.220 provides the requirements for a Designated Doctor report.
4. 28 Texas Administrative Code §127.10 defines the general procedures for a Designated Doctor examination.
5. 28 Texas Administrative Code §130.1 explains how certification of Maximum Medical Improvement and Impairment Rating is performed and documented.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - CAC-W1 – Workers Compensation State 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.
  - CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
  - 724 – No additional payment after a reconsideration of services.
  - 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
  - CAC-P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.

### **Issues**

1. Were the disputed services billed according to 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The requestor billed CPT Code 99456-W5-NM. 28 Texas Administrative Code §134.204 (j) states, in relevant part, "Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include: ... (D) the preparation and **submission of reports** (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets... (2)(A) If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this subsection. Modifier 'NM' shall be added... (C) If the examining doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed in accordance with paragraphs (3) and (4) of this subsection."

Requirements for documentation of a Designated Doctor Examination are found in 28 Texas Administrative Code §127.220 and documentation requirements for certification of Maximum Medical Improvement and Impairment Rating are found in 28 Texas Administrative Code §130.1. Review of the submitted documentation finds that there are two Reports of Medical Evaluation (DWC-069). One shows that the injured employee had not reached MMI and did not have an impairment rating. One shows that the injured employee had not reached MMI, but was given a 6% impairment rating. This is not consistent with documentation requirements found in 28 Texas Administrative Code §130.1 (b)(2), which states, in relevant part, "MMI must be certified before an impairment rating is assigned..."

A review of the narrative report finds that the injured employee was placed at MMI with an impairment rating of 6% for the compensable injury. This is inconsistent with the DWC-069 and with the billed CPT Code. 28 Texas Administrative Code §130.1 (c)(3) states, "An impairment rating and the corresponding MMI date must be included in the Report of Medical Evaluation to be valid." For these reasons, the Division finds that this service was not billed according to 28 Texas Administrative Code §134.204.

The requestor also billed CPT Code 99456-W6-RE. 28 Texas Administrative Code §134.204 (i)(1) states, in relevant part, "Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this

section, with the use of the additional modifier 'W6.'" 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." The submitted documentation indicates that the Designated Doctor performed an examination to determine Extent of Injury. Therefore, the Division finds that this service was billed according to 28 Texas Administrative Code §134.204.

Additionally, the requestor billed CPT Code 99456-MI. 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 and a Designated Doctor Examination Data Report pursuant to §127.220 of this title (relating to the Designated Doctor Reports) for the doctor's extent of injury determination..."

Furthermore, 28 Texas Administrative Code §134.204 (j)(4)(B) states, "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. Modifier 'MI' shall be added to the MMI evaluation CPT code." As discussed above, only one report included was completed correctly and consistent with the narrative report. Therefore, the Division finds that this service was not billed according to 28 Texas Administrative Code §134.204.

2. The total allowable for the services in dispute is \$500.00. The insurance carrier paid \$550.00. Therefore, 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**

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Signature

Laurie Garnes  
Medical Fee Dispute Resolution Officer

April 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.**