



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

Lisa A. Wheeler, DC

Respondent Name

Hartford Accident and Indemnity

MFDR Tracking Number

M4-15-2310-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 26, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am in receipt of an EOB denying the balance of this bill, which states: 'THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE; WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT; AN ALLOWANCE HAS BEEN PAID FOR A DESIGNATED DOCTOR EXAMINATION AS OUTLINED IN 134.204(J) FOR ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE MAY BE PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.'

However, this is incorrect. The payment received does not meet the recommended allowance set by the Texas Medical Fee Guidelines, as outlined in 28 TAC §134.204(j).

This is a bill for an examination to address the claimant's Maximum Medical Improvement and to determine the claimant's Impairment Rating, as referred by the claimant's treating doctor on January 16, 2015...

We billed \$2,150.00 for these services, but have only received a payment of \$500.00 from your company. Please issue prompt payment in the amount of \$1,650.00 to settle this claim."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our investigation found that reimbursement was issued in accordance with Texas Fee Guidelines, Rule 134.204 (n) for CPT 99456 RE WP.

Modifier 'RE' represents return to work (RTW) and/or evaluation of medical care (EMC). Reimbursement for this service is \$500."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 3, 2015, Referral Doctor Examination (MMI/IR), \$300.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 Division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
 - 4150 – An allowance has been paid for a Designated Doctor examination as outlined in 134.204(J) for attainment of Maximum Medical Improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was performed.
 - 247 – A payment or denial has already been recommended for this service.
 - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services, in part, with claim adjustment reason code P12 – "Workers' Compensation Jurisdictional Fee Schedule Adjustment." 28 Texas Administrative Code §134.204 is the appropriate fee schedule to review the disputed services.

Review of the submitted documentation finds that the requestor submitted a bill using CPT Code 99456 with modifiers "RE" and "WP". These codes are defined in 28 Texas Administrative Code §134.204 (n) as follows: "(7) RE, Return to Work (RTW) and/or Evaluation of Medical Care (EMC)--This modifier shall be added to CPT Code 99456 **when a RTW or EMC examination is performed.** (18) WP, Whole Procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single HCP" [emphasis added].

Review of the submitted documentation finds that the requestor did not perform a RTW or EMC examination, but performed an evaluation to determine Maximum Medical Improvement and Impairment Rating. The insurance carrier's denial reason is supported.

2. Because the insurance carrier's denial was supported, no further allowance 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

May 13, 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, 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 MFDR 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.