



# 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**

Charles Xeller, M.D.

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-15-3395-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

June 12, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS"

**Amount in Dispute:** \$1100.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "... I have forwarded the charges to our scanning center so they can be approved and forwarded for fee scheduling."

**Response Submitted by:** Gallagher Bassett

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 19, 2014	Designated Doctor Examination (MMI/IR)	\$1100.00	\$1100.00

### 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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
- 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for Division-specific services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:  
No explanations of benefits were found in submitted documentation.

## Issues

1. Did the insurance carrier deny the charges in question?
2. What is the Maximum Allowable Reimbursement (MAR) for the services in question?
3. Is the requestor entitled to reimbursement?

## Findings

1. The services in question involve a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR), CPT code 99456-W5-WP. 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..." Submitted documentation indicates that the bills were submitted timely to the insurance carrier listed on the Request for Designated Doctor Examination (DWC032). The documentation does not include a response from this insurance company.

The respondent for this dispute request stated in a letter dated June 29, 2015, that "This is a claim we inherited as a run-in claim..." The respondent further indicates that they will "escalate the bills for appropriate fee scheduling and payment," and that "supplemental response will be provided once the auditing company has finalized their review." The insurance carrier did not submit a supplemental response for consideration in this dispute.

28 Texas Administrative Code §133.240 (a) states, in relevant part, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter ..., not later than the 45th day after the date the insurance carrier received a complete medical bill..." Submitted documentation does not support that the insurance carrier denied the charges in question. Accordingly, this decision is based on the information available at the time of review, in accordance with applicable rules and fee guidelines.

2. 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 requestor performed an evaluation of Maximum Medical Improvement. Therefore, the correct MAR for this examination is \$350.00.

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 elbow/wrist, knee, lumbar, and head. Therefore, the correct MAR for this examination is \$750.00. Please see the table below for details.

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Elbow/Wrist (ROM)	Musculoskeletal System	Upper Extremities	\$300.00
IR: Knee (ROM)		Lower Extremities	\$150.00
IR: Lumbar (DRE)		Spine & Pelvis	\$150.00
IR: Head	Nervous System	Body Systems	\$150.00
<b>Total MMI</b>			<b>\$350.00</b>
<b>Total IR</b>			<b>\$750.00</b>
<b>Total Exam</b>			<b>\$1,100.00</b>

3. The total MAR for the services in question is \$1100.00. The insurance carrier paid \$0.00. A reimbursement of \$1100.00 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 \$1100.00.

***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 \$1100.00 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

\_\_\_\_\_  
October 6, 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.**