



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

JOHN ANDERSON, MD

Respondent Name

TECHNOLOGY INSURANCE CO

MFDR Tracking Number

M4-15-3660-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

JULY 9, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These services were requested and prescribed by the Division. The above referenced designated doctor performed the MMI examination and assigned the IR, but he did not perform the range of motion, strength, or sensory testing of the musculoskeletal body area(s), that means he should bill using the appropriate MMI CPT code 99546 with the component modifier -26. Reimbursement for the examining doctor is 80% of the MAR. The physical therapist and/or health care provider other than the examining doctor that performs the range of motion, strength, or sensory testing of the musculoskeletal body, the physical therapist and/or health care provider is 20% of the MAR. The bills from the two parties must be coordinated and billed appropriately and should be billed at the same time for the correct reimbursement."

Amount in Dispute: \$165.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Respondent paid Requestor the correct amount for the MMI, impairment rating, and return to work examination for the date of service 12/9/14. Respondent denied payment for CPT code 99080-73 because separate payment is not owed for the completion of the DWC-73."

Response Submitted by: Downs Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 9, 2014	CPT Code 99456-W5-26 Designated Doctor Examination for MMI/IR Professional Component	\$120.00	\$120.00
	CPT Code 99456-W5-TC Designated Doctor Examination for MMI/IR Technical Component	\$30.00	\$30.00
	CPT Code 99456-W8-RE Designated Doctor Examination for Return to Work	\$0.00	\$0.00
	CPT Code 99080-73 Work Status Report	\$15.00	\$0.00

TOTAL		\$165.00	\$150.00
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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, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 790-This charge was reimbursed in accordance to the Texas medical fee guideline.
 - B15-This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 257-No allowance is made for this report, as it appears to be an integral part of the service rendered.
 - 350-Bill has been identified as a request for reconsideration or appeal.
 - 351-No additional reimbursement allowed after review of appeal/reconsideration.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the requestor entitled to additional reimbursement for the MMI/IR?
2. Is the allowance for CPT code 99080-73 included in the allowance of another service rendered on the disputed date?

Findings

1. On the disputed date of service the requestor billed CPT code 99456-W5-26 and 99456-W5-TC.
 - 28 Texas Administrative Code §134.204(i)(1)(A) states "The following shall apply to Designated Doctor Examinations. (1) 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: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor"

A review of the submitted medical billing finds that the requestor billed modifier "W5" as the first modifier appended to CPT code 99456.

- 28 Texas Administrative Code §134.204(j)(3)(C) states "The following applies for billing and reimbursement of an MMI evaluation. An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350."

The requestor billed CPT code 99456 because the examination was performed by a designated doctor; therefore, the MAR is \$350.00 for MMI evaluation.

- 28 Texas Administrative Code §134.204(j)(4)(C)(iv) states "If, in accordance with §130.1 of this title (relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment),

the examining doctor performs the MMI examination and assigns the IR, but does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier "26." Reimbursement shall be 80 percent of the total MAR.

- 28 Texas Administrative Code §134.204(j)(4)(C)(v) states "If a HCP, other than the examining doctor, performs the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier "TC." In accordance with §130.1 of this title, the HCP must be certified. Reimbursement shall be 20 percent of the total MAR."

A review of the requestor's billing finds that the "26" and "TC" modifiers were appended to CPT code 99456 in accordance with 28 Texas Administrative Code §134.204(j)(4)(C)(iv) and (v).

The maximum allowable reimbursement (MAR) for CPT code 99456-W5-26 and 99456-W5-TC is:

- 28 Texas Administrative Code §134.204(j)(1) states "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.
- 28 Texas Administrative Code §134.204(j)(4)(C) states "For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas."
- 28 Texas Administrative Code §134.204(j)(4)(C)(ii) states "The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (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."

The requestor billed for MMI/IR of three body areas. A review of the Designated Doctor report finds that a full evaluation with range of motion was performed on the left and right elbow, right and ankle and right hip; therefore, the MAR is \$600.00 per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a). The total allowable for the impairment rating is \$600.00.

The Division finds that the total allowable for the MMI/IR evaluation is \$950.00. The respondent paid \$800.00. As a result, the requestor is entitled to reimbursement of \$150.00.

- (2) On the disputed date of service, the requestor also billed CPT code 99080-73. The respondent denied reimbursement for code 99080-73 based upon reason code "257."

- 28 Texas Administrative Code §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

The work status report was conducted as a part of the examination coded 99546-W8-RE outlined in 28 Texas Administrative Code §134.204(k).

- 28 Texas Administrative Code §134.204(k) states "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." Therefore, per 28 Texas Administrative Code §134.204(k), the report is included and reimbursement is not 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 \$150.00.

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 \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	08/06/2015 Date
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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.