



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

JAMES H. POSEY, DC

Respondent Name

WC SOLUTIONS

MFDR Tracking Number

M4-15-3718-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

JULY 13, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am in receipt of a denial for this bill, which states: 'PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE; WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT; THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS BEEN PERFORMED ON THE SAME DAY; THE DOCUMENTAION SUBMITTED DOES NOT SUPPORT THAT IMPAIRMENT RATINGS WERE DETERMINED. CLAIMANT NOT AT MMI. REIMBURSEMENT IS FOR EACH ADDITIONAL IR CALCULATION. NO IR CALCULATIONS WERE MADE.' However, this is incorrect, since the payment issued to us does not meet the recommended allowance as set by the Texas Medical Fee Guidelines for the procedures billed."

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "All 3 DWC069 forms certified that the employee had not reached MMI. Per rule 134.204(j)(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. Subsection (3) applies to billing and reimbursement of an MMI evaluation only. No impairment ratings were determined or calculated. Starr Comprehensive Solutions maintains the position that 99456-MI is not reimbursable as documentation does not support multiple impairment ratings."

Response Submitted by: Starr Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 7, 2015	CPT Code 99456-MI Designated Doctor Examination for MMI/IR	\$100.00	\$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, 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:
 - 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
 - 150-The documentation submitted does not support that impairment ratings were determined. Claimant not at MMI. Reimbursement is for each additional IR calculation. No IR calculations were made.
 - W3-Additional reimbursement made on reconsideration.
 - 193-Original payment decision is being maintained. This claim was processed properly the first time.

Issues

Is the requestor entitled to reimbursement for CPT code 99456-MI?

Findings

On the disputed date of service the requestor billed CPT code 99456-W5-NM, 99456-W6-RE, 99456-MI and 95851. The respondent paid for all the services except code 99456-MI.

The respondent states that "Per rule 134.204(j)(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. Subsection (3) applies to billing and reimbursement of an MMI evaluation only. No impairment ratings were determined or calculated. Starr Comprehensive Solutions maintains the position that 99456-MI is not reimbursable as documentation does not support multiple impairment ratings."

- Per 28 Texas Administrative Code §134.204(j) "Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows: (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."
- 28 Texas Administrative Code §134.204(n)(6) states "The following Division Modifiers shall be used by HCPs billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes. The "NM" modifier is defined as "Not at Maximum Medical Improvement (MMI)-- This modifier shall be added to the appropriate MMI CPT code to indicate that the injured employee has not reached MMI when the purpose of the examination was to determine MMI."

A review of the requestor's billing finds that the "NM" modifier was appended to CPT code 99456 to designate that the claimant had not reached MMI.

- 28 Texas Administrative Code §134.204(n)(5) defines the "MI" modifier as "Multiple Impairment Ratings--This modifier shall be added to CPT Code 99455 when the designated doctor is required to complete multiple impairment ratings calculations."

A review of the submitted documentation does not support that an impairment rating was performed; therefore, the requestor's documentation does not support billing code 99456-MI. As a result, reimbursement is not 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	Medical Fee Dispute Resolution Officer	08/06/2014 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.