



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

Adam Schwartz, D.C.

Respondent Name

Chubb Indemnity Insurance Company

MFDR Tracking Number

M4-16-1911-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

March 7, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.204 (J) Subsection (3), Subparagraph (C). This rule states to reimburse the examining doctor, other than the treating doctor **\$350.00 for MMI evaluations**. TDI-DWC addresses Impairment Rating (IR) Evaluations with Rule 134.204, Subsection (J), Subsection (4), Subparagraph (C), (ii), (II). This rule states if a full physical evaluation, with range of motion, is performed, **reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00.**"

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In this matter, Requestor was paid correctly for the MMI portion of the examination using DWC Rule 134.204(e)(6)(C)(I). Therefore, no additional reimbursement is owed for this portion of the examination.

With regard to the impairment rating examination, Requestor was reimbursed for one musculoskeletal body area as defined by DWC Rule 134.204(e)(6)(D)(iii)(I). Requestor only examined the Claimant for one musculoskeletal body area (the spine), despite erroneously billing for two areas. While Requestor examined both the lumbar and cervical spine, it was still just one musculoskeletal area: the spine.

While Requestor also assigned an impairment rating for a head laceration, Requestor did not bill for this impairment rating. It is the Respondent's position that a head laceration falls under the non-musculoskeletal body area, 'body structure (including skin) per DWC Rule 134.204(e)(6)(D)(i)(II). Per DWC Rule 134.204(e)(6D)(iv), when billing for a non-musculoskeletal body area, the appropriate CPT code for the tests required to assign the impairment rating, shall be used. Because Requestor did not bill for any testing in accordance with this rule, reimbursement is not owed for this evaluation."

Response Submitted by: Downs-Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 22, 2015	Designated Doctor Examination	\$150.00	\$150.00

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 division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 151 – Payment denied. This many svcs not documented
 - 16 – Svc lacks info needed or has billing error(s)
 - ORC – See Additional Information
 - Notes: "MMI/IRR/ONE BODY AREA DRE
 - P12 – Workers' Compensation State Fee Schedule Adj
 - Notes: "DRE/LUMBAR"

Issues

1. Are the insurance carrier's reasons for reduction of the disputed services supported?
2. What is the maximum allowable reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement for the disputed services?

Findings

1. The insurance carrier reduced disputed services, in part, with claim adjustment reason code 151 – "Payment denied. This many svcs not documented." 28 Texas Administrative Code §134.204(j)(4)(A) states, "The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form." Review of the submitted information finds that the requestor billed for two units. Documentation supports that two body areas were rated. The insurance carrier's reduction for this reason is not supported.

The insurance carrier also reduced disputed services, in part, with claim adjustment reason code 16 – "Svc lacks info needed or has billing error(s)." After a review of the submitted documentation, the division finds that the insurance carrier's reduction for this reason is not supported.

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

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 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...
- (iv) When there is no test to determine an IR for a non-musculoskeletal condition:
 - (I) The IR is based on the charts in the AMA Guides. These charts generally show a category of impairment and a range of percentage ratings that fall within that category.
 - (II) The impairment rating doctor must determine and assign a finite whole percentage number rating from the range of percentage ratings.
 - (III) Use of these charts to assign an IR is equivalent to assigning an IR by the DRE method as referenced in subparagraph (C)(ii)(I) of this paragraph.
- (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 the spine and head laceration. The documentation supports that the requestor performed a full physical evaluation, with range of motion. Therefore, the correct MAR for this examination is \$450.00.

- 3. The total MAR for the disputed services is \$800.00. The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 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 \$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 in 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

	Laurie Garnes	April 14, 2016
Signature	Medical Fee Dispute Resolution Officer	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.