



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

Gilbert Mayorga, M.D.

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-16-3227-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

June 21, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In brief, we were not paid according to the fee guidelines for 99456 SP 2 units. Two separate reports were incorporated into the DDO report in order to complete the report."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT code 99456-SP with quantity of two (2) was denied accordingly per TDI guidelines. This code with billed modifier of SP is reimbursable only once per exam date..."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 24, 2015	Incorporation of Specialist Reports in Designated Doctor Examination (99456-SP)	\$50.00	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 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:
 - 1 – Service billed is included in the office visit or another procedure performed (185)
 - 2 – Charge for Special Report or form exceeds Fee Schedule allowance (189)
 - 3 – Charge exceeds Fee Schedule allowance (222)
 - 4 – Whole procedure (453)

- 5 – 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. (ANSI97)
- 6 – P12 – Workers compensation jurisdictional fee schedule adjustment. (ANSIP12)
- 7 – P14 – The benefit for this services is included in the payment/allowance for another service/procedure that has been performed on the same day. (ANSIP14)
- 8 – A technical Bill Review (TBR) has been performed. (ETBR)
- 9 – Services are included in the value of another procedure. (TBR13)

Issues

Is the requestor entitled to additional reimbursement?

Findings

The requestor is seeking additional reimbursement for the inclusion of two (2) specialist reports into a designated doctor examination, represented by procedure code 99456-SP. The insurance carrier reduced disputed services with claim adjustment reason "Charge for Special Report or form exceeds Fee Schedule allowance (189)." 28 Texas Administrative Code §134.204(j)(4)(D)(iii)(I) provides that

The examining doctor (e.g., the referring doctor) shall bill using the appropriate MMI CPT code with modifier "SP" and indicate one unit in the units column of the billing form. Reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination.

Review of the submitted information finds that the requestor incorporated two specialist reports into the designated doctor examination. Therefore, the total maximum allowable reimbursement for this service is \$50.00. The insurance carrier paid \$50.00. Additional reimbursement cannot be 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 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	August 19, 2016 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.