



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Martin Munoz, D.C.

Respondent Name

Imperium Insurance Company

MFDR Tracking Number

M4-18-0677-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 13, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,600.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier has re-evaluated its position. They will be reprocessing the medical bill and reimbursing the provider on the basis of exams covering MMI, impairment rating, multiple certifications of MMI and impairment ratings, extent of injury and direct result of disability. It will reimburse the provider the amount the provider is entitled to pursuant to the Medical Fee Guidelines plus interest."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 15, 2017	Designated Doctor Examination	\$1,450.00	\$1,450.00
June 15, 2017	Translation Service	\$150.00	\$0.00
Total		\$1,600.00	\$1,450.00

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 §134.1 sets out the procedures for reimbursement of medical bills.
- 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine extent of injury and disability.
- 28 Texas Administrative Code §134.240 sets out the fee guidelines specific to designated doctors.

5. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment ratings.
6. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.
7. The documentation submitted to the division does not include explanations of benefits.

Issues

1. Is Martin Munoz, D.C. entitled to reimbursement for the designated doctor examination?
2. Is Dr. Munoz, D.C. entitled to reimbursement for translator services?

Findings

1. Dr. Munoz is seeking reimbursement for a designated doctor examination performed on June 15, 2017. Flahive, Ogden & Latson stated:

The carrier has re-evaluated its position. They will be reprocessing the medical bill and reimbursing the provider on the basis of exams covering MMI, impairment rating, multiple certifications of MMI and impairment ratings, extent of injury and direct result of disability. It will reimburse the provider the amount the provider is entitled to pursuant to the Medical Fee Guidelines plus interest.

Review of the submitted documentation does not support that a payment was made to Dr. Munoz. Texas Labor Code §408.0041(h) requires the insurance carrier to reimburse a designated doctor examination unless it is prohibited by the Labor Code or by an order or rule of the commissioner. The division finds that this examination is not prohibited and Dr. Munoz is entitled to reimbursement for this examination as follows:

Per 28 Texas Administrative Code §134.250(3), a doctor, other than the treating doctor shall bill an examination for maximum medical improvement (MMI) with CPT code 99456. Reimbursement shall be \$350.00. Per 28 TAC §134.240, modifier "W5" is included to denote that the examination was performed by a doctor designated by the division. The submitted documentation supports that Dr. Munoz performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Examinations to determine the impairment rating (IR) are subject to 28 TAC §134.250(4) which states that if a full physical evaluation, with range of motion, is performed the reimbursement is \$300.00 for the first musculoskeletal body area. Billing components of the IR evaluation are included with the applicable MMI evaluation CPT code. The submitted documentation supports that Dr. Munoz provided an impairment rating which included a musculoskeletal body part, and performed a full physical evaluation with range of motion of the of the lumbar spine. Therefore, the MAR for this examination is \$300.00.

When the multiple impairment ratings are required as a result of examinations to determine both MMI and the extent of the compensable injury, 28 TAC §134.250(4)(B) states that the designated doctor shall bill for the number of body areas rated and be reimbursed \$50.00 for each additional IR calculation. The doctor will bill using the modifier "MI" added to the MMI CPT code.

Dr. Munoz was ordered to perform examinations to address maximum medical improvement, impairment rating, and extent of injury. Submitted documentation supports that one additional IR was calculated. Therefore, the correct MAR for this service is \$50.00.

Examinations to determine extent of injury and disability are subject to 28 TAC §134.235, which requires the examinations to be billed with CPT code 99456 and modifier "RE." Reimbursement is \$500.00, subject to conditions found in 28 TAC §134.240.

In accordance with 28 TAC §134.240, additional modifier "W6" is used to denote that a designated doctor performed an examination to determine the extent of the compensable injury. Modifier "W7" is added to denote that a designated doctor performed an examination to determine if the injured employee's disability is a direct result of the compensable injury.

In addition, 28 TAC §134.240(2) provides that the first examination, not to include MMI and IR, is paid at 100% of MAR and the second is paid at 50% of MAR. Therefore, the total MAR for these examinations is \$750.00.

The total MAR for the disputed examination is \$1,450.00. This amount is recommended.

2. Dr. Munoz is also seeking reimbursement of \$150.00 for translation services provided by his office for the injured employee. 28 TAC §102.4 requires the insurance carrier to provide effective and timely communication with claimants and other parties, to include translation services.

28 TAC §133.307(c)(2)(O) requires the requestor to provide evidence to support that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 when the disputed fee involves health care for which the division has not established a MAR or reimbursement rate.

The division's fee guidelines do not address translation services and submitted documentation does not indicate that a negotiated contract for the service was in place. Therefore, Dr. Munoz has the burden to support that the billed charge is fair and reasonable. The documentation provided does not support the billed amount in accordance with 28 TAC §134.1(f). The division concludes that no reimbursement can be recommended for this service.

Conclusion

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. 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 \$1,450.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$1,450.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	Laurie Garnes	July 13, 2018
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 Rule §133.307, effective May 31, 2012, *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. **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.