



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

BRUCE WHITEHEAD, MD

Respondent Name

ZENITH INSURANCE CO

MFDR Tracking Number

M4-18-4362-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

JULY 17, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CMS policy allows physicians to charge for missed appointments. Therefore according to national standards set forth by CMS, billing and reimbursement for missed appointments is assumed to be accurate and acceptable."

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "On May 21, 2018, Zenith Insurance ('Zenith') received the original bill submission. The bill was denied in its entirety...The provider billed CPT code 99456 for Designated Doctor Exam missed appointment/no show. Zenith has reviewed the Texas fee schedule guidelines for the Designated Doctor Examination and there is no mention of reimbursement for missed appointments."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: May 16, 2018, CPT Code 99456 Missed Appointment for Designated Doctor Evaluation, \$250.00, \$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 §134.202 provided the fee guidelines for medical and division-specific services

provided from September 1, 2002, until March 1, 2008.

3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided from March 1, 2008, until September 1, 2016.
4. 28 Texas Administrative Codes §§134.209 through 134.250 provide the fee guidelines for division-specific services provided on or after September 1, 2016.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 350-Bill has been identified as a request for reconsideration or appeal.
 - 197-Precertification/authorization/notification absent.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

Is the requestor entitled to reimbursement for CPT code 99456?

Findings

On the disputed date of service, the requestor billed \$250.00 for CPT codes 99456. The respondent denied reimbursement based upon “4-The procedure code is inconsistent with the modifier used or a required modifier is missing,” and “ 197-Precertification/authorization/notification absent .” The Provider contends that reimbursement is due because CMS allows for missed appointment reimbursement. The respondent argues that reimbursement is not due because “Zenith has reviewed the Texas fee schedule guidelines for the Designated Doctor Examination and there is no mention of reimbursement for missed appointments.”

As explained in the preamble to 28 Texas Administrative Code §134.204, effective March 1, 2008, 33 TexReg 364, the reimbursement for missed appointments was removed from the medical fee guideline by adopted Texas Administrative Code §134.202 in 2002, in part, because the reimbursement structure for designated doctor examinations changed, which resulted in an overall increase in reimbursement for such examinations from the previous Texas Administrative Code §134.201. The overall increase in reimbursement factored in the no-show rate and was intended to compensate for possible costs a health care provider may incur due to missed appointments.

The current rules do not provide for reimbursement of missed appointments for designated doctor examinations based on the claimant’s failure to attend the examination and documentation does not support the procedure code billed. The division finds that the insurance carrier’s denial of payment is supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

9/20/2018

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.