



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

DONALD L. WEHMEYER, MD

Respondent Name

SOUTH PLAINS SCHOOL WORKERS CO

MFDR Tracking Number

M4-19-0490-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

SEPTEMBER 28, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In evaluating this injured worker, I as the designated doctor determined that there were injuries that had not been addressed as accepted compensable injuries...I billed for extent of injury in the amount of \$500 utilizing the appropriate CPT code."

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Pease see response and attachment from our utilization review agent, Starr Comprehensive Solutions, in regards to the above referenced fee reimbursement request."

Starr Comprehensive Solutions report: "Donald Lee Wehmeyer, MD was not appointed by TDI-DWC to make an Extent of Injury determination and as such, he should not be reimbursed for the 99456-W6-RE."

Response Submitted by: Edwards Claims Administration

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 12, 2018, CPT Code 99456-W6-RE Designated Doctor Evaluation (DD), \$500.00, \$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 §134.210, effective July 7, 2016, provides the medical fee guideline for division specific services.
3. 28 Texas Administrative Code §134.235, effective July 7, 2016, sets the reimbursement guidelines for return

to work evaluations.

4. 28 Texas Administrative Code §134.240, effective July 7, 2016, sets the reimbursement guidelines for Designated Doctor Examinations.
5. 28 Texas Administrative Code §134.250, effective July 7, 2016, sets the reimbursement guidelines for Maximum Medical Improvement Evaluations and Impairment Rating Examinations
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 165-Payment denied/reduced for absence of or exceeded referral.
 - 165-Per OA32A form, the designated doctor was requested to address MMI/IR only.
 - W3-Additional reimbursement made on reconsideration.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Is the respondent's denial for CPT code 99456-W6-RE supported? Is the requestor entitled to reimbursement?

Findings

On the *Table of Disputed Services*, the requestor indicated the date of service in dispute is "12/13/2016"; however, the respondent's position, bills and explanation of benefits indicate the disputed date of service is April 12, 2018. The division concludes that the requestor listed the wrong date of service as a typographical error.

On the disputed date of service, the requestor billed \$1,350.00 for CPT codes 99456-W6-RE, 99456-W5-WP and 99456-W5-MI. The respondent paid \$850.00 for codes 99456-W5-WP and 99456-W5-MI. Only CPT code 99456-W6-RE is in dispute.

According to the explanation of benefits, the respondent denied reimbursement for CPT code 99456-W6-RE based upon "165-Payment denied/reduced for absence of, or exceeded referral," and "165-Per OA32A form, the designated doctor was requested to address MMI/IR only."

The respondent contends that reimbursement is not due for CPT code 99456-W6-RE because "Donald Lee Wehmeyer, MD was not appointed by TDI-DWC to make an Extent of Injury determination and as such, he should not be reimbursed for the 99456-W6-RE."

The following statute is applicable to the disputed services:

- 28 Texas Administrative Code §134.210(b)(2) states, "Payment policies relating to coding, billing, and reporting for workers' compensation specific codes, services, and programs are as follows: Modifying circumstance shall be identified by use of the appropriate modifier following the appropriate Level I (CPT codes) and Level II HCPCS codes. Where HCPCS modifiers apply, insurance carriers shall treat them in accordance with Medicare and Texas Medicaid rules. Additionally, division-specific modifiers are identified in subsection (e) of this section. When two or more modifiers are applicable to a single HCPCS code, indicate each modifier on the bill."
- 28 Texas Administrative Code §134.210(e) states, " The following division modifiers shall be used by health care providers billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes:
 - (7) RE, return to work (RTW) and/or evaluation of medical care (EMC)--This modifier shall be added to CPT code 99456 when a RTW or EMC examination is performed.
 - (21) W6, designated doctor examination for extent--This modifier shall be added to the appropriate examination code performed by a designated doctor when determining extent of the injured employee's compensable injury.
- 28 Texas Administrative Code §134.240(1)(C) states, "The following shall apply to designated doctor examinations. (1) Designated doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041, and 408.151 and division rules, and shall be billed and reimbursed as follows:

(C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier "W6".

- 28 Texas Administrative Code §134.235 states "The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier "RE." In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

The DWC-032 dated March 8, 2018, orders the claimant to attend a designated doctor examination for MMI/IR evaluation.

The division finds the respondent's denial of payment based upon "165" is supported because the division's did not request an extent of injury evaluation.

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 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

10/24/2018
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.