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
Russell Juno, M.D.

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-19-2268-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
December 20, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "50 DAYS HAVE PASSED SINCE THE SUBMISSION OF THE AMENDED BILL, CONFIRMATION IS ATTACHED."

Amount in Dispute: $450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor's DWC60 packet contains a request for reconsideration letter dated of 9/11/18. Stamped on the letter is 'PROOF OF RECEIPT BY CARRIER.' Texas Mutual has no argument with that because Texas Mutual did receive the request."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 14, 2018	Designated Doctor Examination (99456-W5-WP)	$450.00	$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 (DWC).

Background

1. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment.
4. The submitted documentation did not include an explanation of benefits for the billed services in question.

Issues

Is the requestor entitled to reimbursement?

Findings

Russell Juno, M.D. is seeking reimbursement for designated doctor examinations to determine the maximum medical improvement and impairment rating for the injured employee's compensable injury. The services requested in this dispute are identified with CPT code 99456 and modifiers "W5" and "WP."

The insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information. [1]

Evidence presented to the DWC supports that a complete bill for the services in question was submitted on or about July 20, 2018. The provider argued that it submitted a reconsideration of this bill after 50 days. The insurance carrier confirmed in its position statement that it received this reconsideration on or about September 11, 2018.

No evidence was provided to support that Texas Mutual Insurance Company took final action on the original bill for the services in question or the reconsideration of these services. Therefore, Dr. Juno is entitled to reimbursement for the services considered in this dispute, in accordance with relevant statutes and rules.

The designated doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier "W5."[2] Reimbursement is $350.00 for this examination.[3] The submitted documentation supports that Dr. Juno performed an evaluation of maximum medical improvement as ordered by the DWC. Therefore, the maximum allowable reimbursement (MAR) for this examination is $350.00.

Review of the submitted documentation finds that Dr. Juno performed impairment rating evaluations of the spine and head. The MAR for the evaluation of the spine, a musculoskeletal body area performed with range of motion is $300.00.[4] The MAR for the evaluation of the head, a non-musculoskeletal body area, is $150.00.[5] The total MAR for the determination of impairment rating is $450.00.

The total allowable reimbursement for the services considered in this dispute is $800.00. Dr. Juno is seeking reimbursement of $450.00. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $450.00.

ORDER

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

[1] 28 Texas Administrative Code §133.240(a)
[2] 28 Texas Administrative Codes §§134.250(3)(C) and 134.240(1)(B)
[3] 28 Texas Administrative Code §134.250(3)(C)
[4] 28 Texas Administrative Code §134.250(4)(C)(ii)(II)(-a-)
[5] 28 Texas Administrative Code §134.250(4)(D)(v)

Authorized Signature

	Laurie Garnes	January 18, 2019
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.