



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

GREGORY GOLDSMITH, MD

Respondent Name

ACE AMERICAN INSURANCE CO

MFDR Tracking Number

M4-19-3041-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

FEBRUARY 5, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please reconsider the code 73030 for x-rays of a left shoulder. Diagnostic x-rays are not included in evaluation for MMI and IR. Your auditing staff needs to be educated on proper coding to avoid unnecessary appeals such as this one !!!!!."

Amount in Dispute: \$86.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Essentially all diagnostic test are covered by the AMA Guides to the Evaluation of Permanent Impairment (3rd edition) as their results are used to ascertain the extent of bodily injury. Based on review of the requestor's submitted dispute packet and the examining doctor's narrative report CorVel, found no evident to explain why diagnostic testing was, billed as a separate procedure to the examination. As such, CorVel attests the diagnostic testing (73030) is inclusive to the complete physical examination...and is inappropriately unbundled and billed as a separate procedure performed on the same day as the post designated doctor examination to address MMI/IR."

Response Submitted By: CorVel

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: September 25, 2018, CPT Code 73030-WP-LT, \$86.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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 services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97, 97-A-Per rule 134.250(1) an MMI/IR exam includes all time spent on the exam; consultation w/IW, review of records, narrative preparation. testing. calculation tables. figures and worksheets.

Issues

Is the requestor entitled to reimbursement for 73030-WP-LT?

Findings

On the disputed date of service, the requestor billed CPT codes 99456-WP and 73030-WP-LT.

The requestor is seeking dispute resolution for reimbursement of CPT code 73030-left shoulder x-ray in the amount of \$86.00.

The respondent denied reimbursement for CPT code 73030-WP-LT stating, "Per rule 134.250(1) an MMI/IR exam includes all time spent on the exam; consultation w/IW, review of records, narrative preparation. testing. calculation tables. figures and worksheets."

28 Texas Administrative Code §134.250 (1) states, "The total maximum allowable reimbursement (MAR) for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:

- (A) the examination;
- (B) consultation with the injured employee;
- (C) review of the records and films;
- (D) the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets; and
- (E) tests used to assign the IR, **as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides)**, as stated in the Labor Code and Chapter 130 of this title."

The AMA Guides to the Evaluation of Permanent Impairment Fourth Edition for the musculoskeletal system state "Useful diagnostic procedures may include roentgenographic studies" or x-rays. CPT code 73030 left shoulder x-ray is a test outlined in the AMA guides and is included in the MAR for the MM/IR examination. CPT code 73030 is not eligible for separate reimbursement.

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

03/21/2019
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, 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 MDR 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.