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
Benjamin Burris, M.D.

Respondent Name
Travelers Indemnity Company

MFDR Tracking Number
M4-19-5093-01

Carrier's Austin Representative
Box Number 5

MFDR Date Received
August 2, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CERTIFYING EXAMINATION INCORRECT REDUCTION … THE DOCTOR RATED THE CERVICAL SPINE (1 AREA), THE PATIENT'S SPEECH (1 AREA), COGNITIVE ISSUES (1 AREA) AND HEARING (1 AREA)"

Amount in Dispute: $300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider performed an impairment rating for injuries of the Claimant's bilateral hands. The Carrier reimbursed the Provider $350.00 for the MMI evaluation, $300 for the first musculoskeletal body area (the head), and $150.00 for the DRE assessment of the cervical spine for a total reimbursement of $800.00."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 21, 2019	Examination to Determine Maximum Medical Improvement and Impairment Rating	$300.00	$150.00

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. 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.
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.

- W3 – Additional payment made on appeal/reconsideration.
- 10 – The billed service requires the use of a modifier code
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

Is Dr. Burris entitled to additional reimbursement for the examination in question?

Findings

Dr. Burris is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating performed on March 21, 2019. Dr. Burris was selected by the treating doctor to act in place of the treating doctor for this examination.

The submitted documentation supports that Dr. Burris performed an evaluation of maximum medical improvement. Dr. Burris was required to bill this examination with CPT code 99456. The maximum allowable reimbursement (MAR) is $350.00 for this examination.[1]

Review of the submitted documentation finds that Dr. Burris performed impairment rating evaluations of the cervical spine, right ear, jaw, and head. The MAR for the evaluation of a musculoskeletal body area when range of motion is performed is $300.00.[2] The MAR for the evaluation of non-musculoskeletal body areas is $150.00 each.[3]

The MAR for the examination in question is calculated below:

Examination	AMA Chapter	§134.250 Category	Reimbursement Amount
Maximum Medical Improvement	[redacted]		$350.00
IR: Cervical Spine (ROM)	Musculoskeletal System	Spine and Pelvis	$300.00
IR: Right Ear	Ear, Nose, Throat, & Related Structures	Body Structures	$150.00
IR: Jaw			
IR: Head	Mental & Behavioral Disorders	Body Systems	$150.00
	Nervous System		
Total MMI	[redacted]		**$350.00**
Total IR			**$600.00**
Total Exam			**$950.00**

The total allowable reimbursement for the examination in question is $950.00. The insurance carrier reimbursed $800.00. An additional reimbursement of $150.00 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 $150.00.

[1] 28 TAC §134.250(3)(C)
[2] 28 TAC §134.250(4)(C)(ii)(II)(-a-)
[3] 28 TAC §134.250(4)(D)(v)

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 $150.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	October 31, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.