



# 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**

PACIFIC BILLING

**Respondent Name**

OLD REPUBLIC INSURANCE CO.

**MFDR Tracking Number**

M4-20-0313-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

October 2, 2019

**Response Submitted By**

No response submitted

#### REQUESTOR'S POSITION SUMMARY

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

#### RESPONDENT'S POSITION SUMMARY

The insurance carrier did not submit a response for consideration in this review.

#### SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
June 17, 2019	Designated Doctor Examination: 99456-W5-WP	\$150.00	\$150.00

#### AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC) in Title 28, Part 2 of the Texas Administrative Code.

#### Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.210 sets out guidelines for Texas workers' compensation specific services.
- 28 Texas Administrative Code §134.240 sets out fee guidelines for designated doctor examinations.
- 28 Texas Administrative Code §134.250 sets out fee guidelines for maximum medical improvement evaluations.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - P300 – The amount paid reflects a fee schedule reduction.
  - Z710 – the charge for this procedure exceeds the fee schedule reduction.

#### Issues

- Did the insurance carrier respond to the request for medical fee dispute resolution (MFDR)?
- Is the requestor entitled to additional reimbursement?

Findings

1. The Austin carrier representative for Old Republic Insurance Company is White Espey, PLLC, who acknowledged receipt of a copy of the MFDR request on October 10, 2019. 28 Texas Administrative Code §133.307(d)(1) provides, if DWC does not receive a response within 14 calendar days of dispute notification, the dispute may be decided on the basis of the available information. To date, no response has been received. Consequently, this decision is based on the information available at the time of review.
2. This dispute regards payment for a designated doctor examination for the evaluation of maximum medical improvement (MMI) and assignment of impairment rating (IR). Designated doctor examinations are Texas workers' compensation specific services. The fee guidelines are set out in Rules 28 TAC §134.240 and §134.250. Rules 28 TAC §134.240 (1)(A) and (B) require that designated doctors performing examinations for impairment caused by a compensable injury and attainment of maximum medical improvement shall bill and be reimbursed in accordance with Rule 28 TAC§134.250 using "W5" as the first modifier added to the billing code. Rule 28 TAC§134.250 (4)(C)(iii) provides that examining doctors who perform both the MMI exam and IR testing of the musculoskeletal body area shall bill using modifier "WP" and are paid at 100 percent of the maximum allowable reimbursement (MAR). Rule 28 TAC§134.250 (3)(C) requires examining doctors (other than the treating doctor) to bill MMI evaluations using code 99456. Reimbursement is \$350.00. This amount is recommended for the MMI portion of the service. Rule 28 TAC §134.250 (4)(A) states, "The number of body areas rated shall be indicated in the units column..." The provider billed 2 units. The documentation supports the provider assessed impairment for 2 musculoskeletal body areas: spine and upper extremity. Per Rule 28 TAC§134.250 (4)(C)(ii)(II), if full physical evaluation, with range of motion, is performed, the MAR is (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area. The provider billed code 99456-W5-WP with 2 units, indicating an MMI exam with IR assignment of two musculoskeletal areas with. As the documentation supports a full physical exam and range of motion were performed, the recommended payment is \$350 for the MMI exam portion, \$300 for impairment rating of the first body area, and \$150 for IR of the second body area, for a total reimbursement of \$800. The insurance carrier paid \$650.00 for these services, leaving a balance due of \$150.00. This amount is recommended.

Conclusion

For the reasons above, the requestor has established payment is due. As a result, the amount ordered is \$150.00.

**ORDER**

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable), based on the submitted information, DWC finds the requestor is entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor \$150.00, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	December 20, 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 28 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within twenty days of your receipt of this decision. You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d). Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.