



# 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**

Lubbock ISD

**MFDR Tracking Number**

M4-20-0317-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

October 2, 2019

**Response Submitted By**

No response received

#### 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
July 11, 2019	Designated Doctor Examination: 99456-W5-NM	\$350.00	\$350.00

#### 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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.210 sets out guidelines for Texas workers' compensation specific services.
3. 28 Texas Administrative Code §134.235 sets out fee guidelines for return to work evaluations.
4. 28 Texas Administrative Code §134.240 sets out fee guidelines for designated doctor examinations.
5. 28 Texas Administrative Code §134.250 sets out fee guidelines for maximum medical improvement evaluations.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 296 – SERVICE EXCEEDS MAXIMUM REIMBURSEMENT GUIDELINES.
  - 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
  - 851 – THE ALLOWANCE WAS ADJUSTED IN ACCORDANCE WITH MULTIPLE PROCEDURE RULES AND/OR GUIDELINES.
  - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
  - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
  - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
  - 536 – THESE CHARGES HAVE ALREADY BEEN BILLED AND PAID FOR ACCORDING TO FEE SCHEDULE AND/OR REASONABLE GUIDELINES. NO FURTHER PAYMENT IS DUE.
  - B13 – PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
  - 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

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

Findings

- 1. The Austin carrier representative for Lubbock ISD is Downs Stanford, P.C., who acknowledged receipt of a copy of the MFDR request on October 9, 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 division ordered designated doctor examination for the evaluation of maximum medical improvement (MMI). Designated doctor examinations are Texas workers’ compensation specific services. The fee guidelines are set out in Rules 28 TAC §134.240 and §134.250.

Rule 28 TAC §134.240 (1)(B) requires that designated doctors performing examinations for 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 (2)(A) requires an examining doctor, other than the treating doctor, who determines MMI has not been reached, shall bill and be reimbursed according to Rule 28 TAC §134.250 (3), using Modifier “NM.”

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.

The provider billed code 99456-W5-NM. Because maximum improvement was not found, the employee’s impairment was not evaluated. The recommended payment is thus \$350.00. The insurance carrier paid \$0.00. The amount remaining due is \$350.00.

Conclusion

For the reasons above, the requestor has established payment is due. As a result, the amount ordered is \$350.00.

**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 \$350.00, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

\_\_\_\_\_  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

December 20, 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 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.