



# 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**

YAZJI, MONZER

**Respondent Name**

OLD REPUBLIC INSURANCE CO

**MFDR Tracking Number**

M4-20-0471-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

October 21, 2019

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Enclosed are the corrected HCFA with appropriate modifiers to support the service provided, for proper reimbursement."

**Amount in Dispute:** \$1,150.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "This bill in question was denied as the Requestor did not bill with the correct treatment codes. The Requestor performed an alternate MMI/IR certification. The Requestor billed for the services using CPT code 99455 which indicates services by the treating doctor (*see* Rule 134.204(j)(3)(A)). The Requestor in this matter is not the treating doctor. As such, the provider should have used CPT code 99456."

**Response Submitted by:** White Espey, PLLC

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 3, 2019	Examination to Determine Maximum Medical Improvement and Impairment Rating (99455-V5-WP)	\$650.00	\$650.00
June 3, 2019	Examination to Determine Extent of the Compensable Injury (99455-V5-RE)	\$500.00	\$0.00
Total		\$1,150.00	\$650.00

### 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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum

medical improvement and impairment rating.

4. 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.
  - 10 – The billed service requires the use of a modifier code
  - W3 – Additional payment made on appeal/reconsideration
  - P12 – Workers’ compensation fee schedule adjustment
  - 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 that our original review to be correct. Therefore, no additional allowance appears to be warranted.

### **Issues**

1. Are the insurance carrier’s reasons for denial of payment for the examination to determine maximum medical improvement and impairment rating supported?
2. Are the insurance carrier’s reasons for denial of payment for the examination to determine the extent of the compensable injury supported?
3. Is Dr. Yazji entitled to reimbursement for the services in question?

### **Findings**

1. Dr. Yazji is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) represented by procedure code 99455-V5-WP. The insurance carrier argued that “the Requestor did not bill with the correct treatment codes.”

An examining doctor that has been referred by the treating doctor and has previously been treating the injured employee is required to bill and examination to determine maximum medical improvement and impairment rating using procedure code 99455.<sup>1</sup>

The doctor is also required to use modifiers “V1” through “V5” to correspond with the last digit of the applicable established patient office visit.<sup>2</sup>

If the examining doctor performs the MMI and the IR testing of a musculoskeletal body area, the doctor is required to use modifier “WP.”

The insurance carrier provided no evidence to support that Dr. Yazji used procedure code 99455-V5-WP in error. The insurance carrier’s denial of payment for this examination is not supported.

2. Dr. Yazji is also seeking reimbursement for an examination to determine the extent of the compensable injury, represented by procedure code 99455-V5-RE.

Procedure code 99455 is directed for use by treating doctors and doctors referred by the treating doctors for examinations to determine maximum medical improvement and impairment rating, as noted above. The DWC finds that no such direction applies to examinations to determine the extent of the compensable injury.

Therefore, the insurance carrier’s denial of payment for this examination is supported.

3. The examination to determine maximum medical improvement for this dispute is calculated based on the applicable established office visit, as noted above. In this case, the applicable established patient office visit is represented by 99215.

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<sup>1</sup> 28 TAC §134.250(3)(A) and (B)(ii)

<sup>2</sup> 28 TAC §134.250(3)(A)(ii)

Reimbursement for procedure code 99215 is based on Medicare policies using the conversion factor determined by the division for the appropriate year.<sup>3</sup> The conversion factor for 2019 is \$59.19.<sup>4</sup> Therefore, the maximum allowable reimbursement is \$227.53.

Dr. Yazji also provided impairment ratings for bilateral legs and the spine. The examination included range of motion testing for the lower extremities.

The maximum allowable reimbursement (MAR) for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.<sup>5</sup> The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00.<sup>6</sup> The total MAR for the determination of impairment rating is \$450.00.

The total allowable for the examination in question is \$677.53. Dr. Yazji is seeking \$650.00. 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 \$650.00.

**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 \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

_____	Laurie Garnes	November 15, 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.**

<sup>3</sup> 28 TAC §134.203(b) and (c)

<sup>4</sup> <https://www.tdi.texas.gov/bulletins/2018/documents/001718table.pdf#CY2019> Table of Conversion Factors

<sup>5</sup> 28 TAC §134.250(4)(C)(ii)(II)(-a-)

<sup>6</sup> 28 TAC §134.250(4)(C)(ii)(II)(-b-)