



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

BURRIS, BENJAMIN S.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-20-0516-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 23, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "ATTACHED IS DOCUMENTATION PROVING THAT THE PROPER MODIFIER IS USED FOR THIS POST DD REPORT AND BILLING."

Amount in Dispute: \$925.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor was not performing designated doctor services on the date above. The requestor provided MMI/IR exams, return to work exam, and disability determination at the request of the treating doctor ... The 'RE' modifier is to be used by an examining doctor when conducting a Division or insurance carrier requested RTW/EMC exam ... The requestor is not conducting a Division requested exam and the carrier certainly did not request this. The use of the modifier is incorrect ... The 'MI' modifier is to be used by a designated doctor when multiple IRs are required. The requestor is not a designated doctor. The use of the modifier is incorrect."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 14, 2019	Examination to Determine Extent of Injury (99456-RE)	\$500.00	\$0.00
June 14, 2019	Examination to Determine Return to Work (99456-RE)	\$250.00	\$0.00
June 14, 2019	Examination to Determine Disability (99456-RE)	\$125.00	\$0.00
June 14, 2019	Multiple Impairment Ratings (99456-MI)	\$50.00	\$0.00
Total		\$925.00	\$0.00

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 §134.235 sets out the fee guidelines for examinations to determine extent of injury, return to work, and disability.
3. 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:
 - CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 714 – Accurate coding is essential for reimbursement, CPT/HCPCS billed incorrectly. Corrections must be submitted w/i 95 days from DOS.
 - 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
 - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - DC4 – No additional reimbursement allowed after reconsideration.

Issues

Is Dr. Burrus entitled to additional reimbursement?

Findings

Benjamin Burrus, M.D. is seeking additional reimbursement for an examination performed on June 14, 2019. The examination included extent of the compensable injury, return to work, and disability. Each part of the examination was represented by procedure code 99456-RE. The examination also included billing for multiple findings of impairment rating represented by procedure code 99456-MI.

When examinations to determine the extent of the injury, return to work, and disability are requested by the DWC or the insurance carrier, the doctor will bill the examination using CPT code 99456 and modifier “RE.” See 28 TAC §134.235.

The documentation submitted does not indicate that the examination in question was requested by the DWC or the insurance carrier. Therefore, 28 TAC §134.235 does not apply in this case. Dr. Burris is not entitled to reimbursement for these services.

When a designated doctor is required to provide multiple impairment ratings, the doctor bills procedure code 99456-MI. The submitted documents do not indicate that Dr. Burris was acting as a designated doctor. The DWC concludes that Dr. Burris is not entitled to reimbursement for this service.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	December 3, 2019 Date
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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.