



# 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 SERVICES, INC

**Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

**MFDR Tracking Number**

M4-20-0645-01

**Carrier's Austin Representative**

Box Number 45

**MFDR Date Received**

NOVEMBER 8, 2019

#### REQUESTOR'S POSITION SUMMARY

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS."

**Amount in Dispute:** \$450.00

#### RESPONDENT'S POSITION SUMMARY

"The Office performed an in-depth review of the requestor's appeal and determined that no additional payment is owed for the multiple impairment ratings of the body systems examined. The Office found that reimbursement of 2 body systems (skin, teeth and jaw) were made in accordance with the DWC 32 and the Division rules and payment policies."

**Response Submitted by:** SORM

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 29, 2019	CPT Code 99456-W5-WP (X5) Designated Doctor Evaluation (DD)	\$450.00	\$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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.210, effective July 7, 2016, provides the medical fee guideline for DWC specific services.
3. 28 TAC §134.235, effective July 7, 2016, sets the reimbursement guidelines for return to work evaluations.
4. 28 TAC §134.240, effective July 7, 2016, sets the reimbursement guidelines for Designated Doctor

Examinations.

5. 28 TAC §134.250, effective July 7, 2016, sets the reimbursement guidelines for Maximum Medical Improvement Evaluations and Impairment Rating Examinations
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 309-The charge for this procedure exceeds the fee schedule allowance.
  - 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.
  - 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 the requestor entitled to additional reimbursement for Designated Doctor examination performed on July 29, 2019?

### **Findings**

1. On the disputed date of service, the requestor billed \$1,400.00 for CPT code 99456-W5-WP(X5). The respondent paid \$650.00 based upon the fee guideline. The requestor contends that an additional reimbursement of \$450.00 is due for the services.
2. The following statute is applicable to the disputed services:
  - 28 TAC §134.210(b)(2) states, "Payment policies relating to coding, billing, and reporting for workers' compensation specific codes, services, and programs are as follows: Modifying circumstance shall be identified by use of the appropriate modifier following the appropriate Level I (CPT codes) and Level II HCPCS codes. Where HCPCS modifiers apply, insurance carriers shall treat them in accordance with Medicare and Texas Medicaid rules. Additionally, division-specific modifiers are identified in subsection (e) of this section. When two or more modifiers are applicable to a single HCPCS code, indicate each modifier on the bill."
  - 28 TAC §134.210(e) states, "The following division modifiers shall be used by health care providers billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes:
    - (18) WP, whole procedure--This modifier shall be added to the CPT code when both the professional and technical components of a procedure are performed by a single health care provider.
    - (20) W5, designated doctor examination for impairment or attainment of MMI--This modifier shall be added to the appropriate examination code performed by a designated doctor when determining impairment caused by the compensable injury and in attainment of MMI.
  - 28 TAC §134.240(1)((A-F) states, "The following shall apply to designated doctor examinations. (1) Designated doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041, and 408.151 and division rules, and shall be billed and reimbursed as follows:
    - (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with §134.250 of this title, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;
    - (B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with §134.250 of this title, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;

- 28 TAC §134.250(4)(C)(iii) states, “If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier ‘WP.’ Reimbursement shall be 100 percent of the total MAR.”
  - 28 TAC §134.250(3)(C) states, “The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350.”
  - 28 TAC §134.250(4)(D)(i)(I) and (II) states, “The following applies for billing and reimbursement of an IR evaluation: (D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR. (i) Non-musculoskeletal body areas are defined as follows:
    - (I) body systems;
    - (II) body structures (including skin).”
  - 28 TAC §134.250(4)(D)(v) states, “The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.”
3. The DWC-032 dated June 28, 2019, orders the claimant to attend a Designated Doctor examination for MMI/IR evaluation of the claimant’s “Teeth and Jaw.”
4. The DWC reviewed the submitted documentation and finds the following:
- The requestor billed 99456-W5-WP (X5) for the MMI/IR.
  - Per 28 TAC §134.250(3)(C) the appropriate reimbursement for the MMI evaluation is \$350.00.
  - The DWC-32 orders the DD to examine two non-musculoskeletal body areas; therefore, the MAR is \$300.00 per 28 TAC §134.250 (4)(D)(v).
  - The total due for the MMI/IR is \$650.00. The respondent paid \$650.00. As a result, the requestor is not due any additional reimbursement.

**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 upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	12/11/2019 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 28 Texas Administrative Code §133.307, 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 with the DWC. **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.**