



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

HERITAGE NETWORK PHYSICIAN SERVICES

Respondent Name

GREAT MIDWEST INSURANCE CO

MFDR Tracking Number

M4-20-1090-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 30, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Two body areas were rated and examined for this examination (upper extremity and lumbar spine). Range of motion measurements were taken, recorded and necessary for the 1st body area and utilized in determining the appropriate impairment rating ... Multiple impairments were required for this examination and both were properly completed and submitted to the carrier."

Amount in Dispute: \$200.00

RESPONDENT'S POSITION SUMMARY

Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of adjudication.

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--------------------|---|-------------------|------------|
| September 16, 2019 | Designated Doctor Examination (99456-W5-WP) | \$150.00 | \$150.00 |
| September 16, 2019 | Designated Doctor Examination (99456-MI) | \$50.00 | \$50.00 |
| | Total | \$200.00 | \$200.00 |

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 119 – Benefit maximum for this time period or occurrence has been reached.

- 186 – Additional charges received, but no additional allowance is recommended due to the maximum allowance for this admission has been reached.
- 6766 – Specialty bill audit/expert code review involving the application of code auditing rules and edits based on coding conventions defined in the American Medical Association’s Current Procedural Terminology (CPT) Manual, and coding guidelines dev
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- W3 – Additional payment made on appeal/reconsideration.

Issues

1. Did Great Midwest Insurance Company respond to the medical fee dispute?
2. Is Heritage Network Physician Services entitled to additional reimbursement?

Findings

1. The Austin insurance carrier representative for Great Midwest Insurance Company is Flahive, Ogden & Latson. The representative received the copy of this medical fee dispute on January 7, 2020. If the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.¹

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

2. Heritage Network Physician Services is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating, with multiple impairments.

The designated doctor is required to bill an examination to determine maximum medical improvement (MMI) with CPT code 99456 and modifier “W5.”² Reimbursement is \$350.00 for this examination.³

The submitted documentation supports that Edward W. Smith, D.O. performed an evaluation of MMI as ordered by the DWC. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

The designated doctor is required to bill an examination to determine the impairment rating (IR) of an injury with CPT code 99456 and modifier “W5,”⁴ adding modifier “WP” if the doctor performs the MMI examination and the IR testing of the musculoskeletal body areas.⁵

Review of the submitted documentation finds that Dr. Smith performed impairment rating evaluations of the spine and upper extremities with range of motion testing. The MAR for the evaluation of a musculoskeletal body area performed with range of motion is \$300.00.⁶ The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.⁷ The total MAR for the determination of impairment rating is \$450.00.

The submitted documentation indicates that Dr. Smithy was ordered to address maximum medical improvement, impairment rating, and extent of injury. When multiple impairment ratings are required, the

¹ 28 TAC §133.307 (d)(1)

² 28 TAC §§134.250 (3)(C) and 134.240 (1)(B)

³ 28 TAC §134.250 (3)(C)

⁴ 28 TAC §§134.250 (4)(A) and 134.240 (1)(A)

⁵ 28 TAC §§134.250 (4)(C)(iii)

⁶ 28 TAC §134.250(4)(C)(ii)(II)(-a-)

⁷ 28 TAC §134.250(4)(C)(ii)(II)(-b-)

designated doctor is required to bill with CPT code 99456 and modifier “MI” and be reimbursed for \$50.00 for each additional impairment rating calculation.⁸ The narrative report and enclosed forms support that these evaluations were performed, and 2 additional impairment ratings were provided. Heritage Network Physician Services is seeking \$50.00 for this service. Therefore, the total reimbursement allowed for this service is \$50.00.

The DWC finds that the total reimbursement allowance for the disputed services is \$850.00. The insurance carrier paid \$650.00. An additional reimbursement of \$200.00 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 \$200.00.

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 \$200.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

| | | |
|-----------|--|---------------------|
| _____ | _____ | _____ |
| Signature | Medical Fee Dispute Resolution Officer | May 7, 2020 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.

⁸ 28 TAC §134.250 (4)(B)