



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

MAYORGA, GILBERT JR

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-20-1847-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

April 1, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... we respectfully request that we be paid for the 99456-SP \$50.00, (report incorporation) which required additional testing in order to be able to answer the question."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "FCE referral and incorporation of report does not warrant separate payment when billed with SP modifier."

Response Submitted by: TEXAS MUTUAL INSURANCE CO

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 16, 2019	Designated Doctor Examination (99456-SP)	\$50.00	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the injured employee's ability to return to work.
- 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:
 - CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.

- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

Is Gilbert Mayorga, M.D. entitled to additional reimbursement for the examination in question?

Findings

Dr. Mayorga is seeking additional reimbursement for incorporating additional testing into the designated doctor examination. Dr. Mayorga billed this service using procedure code 99456-SP.

Modifier “SP” is added to procedure code 99456 when the examining doctor incorporates a specialist report into the determination of impairment rating for a non-musculoskeletal body area.¹ Dr. Mayorga provided no evidence to support that a specialist’s report was used in the final determination of an impairment rating of a non-musculoskeletal body area.

No reimbursement can be recommended 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	Medical Fee Dispute Resolution Officer	April 28, 2020 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.

¹ 28 TAC §134.250 (4)(D)(iii)