



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

AUSTIN CHIROPRACTIC ASSOCIATES, PA
SIMON J. FORSTER, DC

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-20-1905-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

APRIL 10, 2020

REQUESTOR'S POSITION SUMMARY

"The service code in dispute is 97750 (functional testing) in the amount of \$157.47. We are submitting a request for reconsideration in response to a denial of the \$157.47 for the Designated Doctor Referred Exam performed on 10/09/2019. It is our position that you, the carrier, are in error for denying reimbursement for code 97750 performed in conjunction with a designated doctor's evaluation on this date of service."

Amount in Dispute: \$157.47

RESPONDENT'S POSITION SUMMARY

"Based on review of the requestor's submitted dispute packet and the examining doctor's narrative report CorVel, found no evidence to explain why physical performance testing was, billed as a separate procedure to the examination. The requestor billed with modifier 'WP' indicating it performed the IR testing. In addition, the examining physician's documentation indicates the physical capacity examination included ROM of the injured joint/region and strength/endurance with comparison to contralateral side or normative database. These tests are aspects of IR testing that the examining physician documents as having personally performed. As such, CorVel attests the physical performance testing (97750) is inclusive to the complete physical examination...performed on the same day as the designated doctor examination to address MMI/IR."

Response Submitted By: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 9, 2020	CPT Code 97750	\$157.47	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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 TAC §134.210, effective July 7, 2016, provides the medical fee guideline for division specific services.
3. 28 TAC §134.240, effective July 7, 2016, sets the reimbursement guidelines for Designated Doctor Examinations.
4. 28 TAC §134.250, effective July 7, 2016, sets the reimbursement guidelines for Maximum Medical Improvement Evaluations and Impairment Rating Examinations.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97-Charge included in another charge or service
 - W3-DD exam with IR or MMI

Issues

Is the requestor entitled to reimbursement for CPT code 97750?

Findings

On the disputed date of service, the requestor billed CPT codes 99456-W5-WP and 97750.

The requestor is seeking dispute resolution for reimbursement of CPT code 97750 in the amount of \$157.47.

The respondent denied reimbursement for CPT code 97750 based upon “97-Charge included in another charge or service.

To determine if the physical performance test (97750) was part of the Maximum Medical Improvement Evaluations and Impairment Rating Examinations (99456-W5-WP), the DWC refers to 28 TAC §134.250.

28 TAC §134.250 (1) states, “The total maximum allowable reimbursement (MAR) for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:

- (A) the examination;
- (B) consultation with the injured employee;
- (C) review of the records and films;
- (D) the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets; and
- (E) tests used to assign the IR, as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides), as stated in the Labor Code and Chapter 130 of this title.”

The requestor did not support that the disputed physical performance test is not a test used to assign the IR as outlined in the AMA Guides and is eligible for separate reimbursement. The division finds the requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

05/08/2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §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 Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR 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 Division. **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.