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
LEVINE, AARON MARTIN

Respondent Name
SENTINEL INSURANCE COMPANY LTD

MFDR Tracking Number
M4-20-2211-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
May 5, 2020

REQUESTOR'S POSITION SUMMARY

"TESTING IS NOT INCLUDED WITH AN RE EXAM"

Amount in Dispute: $77.94

RESPONDENT'S POSITION SUMMARY

"The documentation submitted supports our original decision that the testing as documented is inclusive to the Physical Examination: Musculoskeletal Organ System. The review is based on Medicare guidelines."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2019	Range of Motion Testing	$77.94	$77.94

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 §134.203 sets out the fee guidelines for professional medical services.
3. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
   - 309 – The charge for this procedure exceeds the fee schedule allowance.

- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Patient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 16 – Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
- 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.
- 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
- 295 – Service cannot be reviewed without report or invoice. Please submit report/invoice as soon as possible to ensure accurate processing.
- 483 – Medical report required for payment.
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.

Issues

Is Aaron Levine, M.D. entitled to additional reimbursement for the examination in question?

Findings

Dr. Levine is seeking reimbursement for range of motion testing performed with a required medical examination to determine the extent of a compensable injury.

A required medical examination to determine the extent of a compensable injury, represented by CPT code 99456 with modifier "RE," is a division-specific service not subject to Medicare billing rules. If the doctor determines that additional testing is required to make a determination, the testing "shall be billed using the appropriate CPT codes and reimbursed **in addition** to the examination fee. [emphasis added]"[1]

Documentation submitted to the DWC supports that Dr. Levine performed range of motion testing for the cervical spine and both shoulders. Range of motion testing, represented by CPT code 95851, is billed at one unit for each extremity and the spine. Therefore, Dr. Levine is entitled to reimbursement of these services at three units.

Reimbursement for the services in question are based on Medicare policies using the conversion factor determined by the DWC for the appropriate year.[2] The conversion factor for 2019 is $59.19.[3] Therefore, the maximum allowable reimbursement is $98.79. Dr. Levine is seeking $77.94. This amount 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 $77.94.

[1] 28 TAC §134.235
[2] 28 TAC §134.203(b) and (c)
[3] https://www.tdi.texas.gov/wc/fee/conversionfactors.html#conv

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 $77.94, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

		June 17, 2020
Signature	Medical Fee Dispute Resolution Officer	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.