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
MEDICAL EQUATION

Respondent Name
NATIONAL AMERICAN INSURANCE CO

MFDR Tracking Number
M4-20-2501-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
June 15, 2020

REQUESTOR'S POSITION SUMMARY

"Per the DWC022, Dr. Obermiller was asked to address **Maximum Medical Improvement, Impairment Rating, Extent of the Compensable Injury, Disability, Return to Work, and 2 additional Impairment Rating (DWC69) were required.** The carrier has denied partial examination services provided, which all are per their request."

Amount in Dispute: $225.00

RESPONDENT'S POSITION SUMMARY

"CorVel asserts the requestor Medical Equation is entitled to **$0.00** reimbursement for the disability management examination in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the date of service in dispute."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2019	Post-Designated Doctor Required Medical Examination	$225.00	$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 §102.3 sets out the procedures for computation of time.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - B12 – Svcs not documented in patient record

- 234 – This procedure is not paid separately.
- Notes: "Per rule 134.210(e) – This modifier shall be added to CPT code 99456 when the designated doctor is required to complete multiple impairment ratings calculations. This is not a DD exam
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Did Medical Equation forfeit the right to medical fee dispute resolution for the date of service in question?
2. Is Medical Equation entitled to additional reimbursement for the examination in question?

Findings

1. Medical Equation is seeking additional reimbursement for a post-designated doctor required medical examination performed on June 13, 2019.

   The health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed.[1] If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days of the final adjudication of the disputed issue.

   The DWC received the medical fee dispute resolution request on June 15, 2020. CorVel argued, on behalf of the insurance carrier, that Medical Equation failed to submit its claim not later than one year after the date of service.

   The DWC notes that one year after the date of service, June 13, 2020, was a Saturday. If the last day of any period is not a working day, the period is extended to include the next day that is a working day.[2] The next working day was Monday, June 15, 2020, the date that DWC received the dispute.

   Therefore, the DWC finds that Medical Equation did not forfeit the right to medical fee dispute resolution for the examination in question.

2. Medical Equation is seeking reimbursement, in part, for an evaluation of disability represented by procedure code 99456 with modifier "RE." The documentation provided to the DWC did not support that the doctor addressed disability in the examination in question. No reimbursement is recommended for this procedure.

   Medical Equation is also seeking reimbursement for calculating an additional two impairment ratings represented by procedure code 99456 with modifier "MI." When multiple IRs are required as a component of a **designated doctor**, the **designated doctor** shall bill for the number of body areas rated and be reimbursed $50 for each additional IR calculation and modifier "MI" is added to the MMI evaluation CPT code.[3] The evidence presented to the DWC showed that the doctor was not performing the examination as a designated doctor. No reimbursement is recommended for this charge.

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.

[1] 28 TAC §133.307 (c)(1)
[2] 28 TAC §102.3 (a)(3)
[3] 28 TAC §134.250 (4)(B)

Authorized Signature

		July 9, 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.