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

AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
LOUDEN, KEITH WARD

Respondent Name
HARTFORD UNDERWRITERS INSURANCE

MFDR Tracking Number
M4-20-2738

Carrier's Austin Representative
Box Number 47

MFDR Date Received
July 20, 2020

REQUESTOR'S POSITION SUMMARY

"ROM TESTING IS NOT INCLUDED WITH AN RE EXAM"

Amount in Dispute: $56.26

RESPONDENT'S POSITION SUMMARY

"CPT 95851, muscle testing service, was denied as the medical report does not support separate billing. Range of motion testing as documented is inclusive to the Physician Examination, Musculoskeletal organ system component of E/M service. No additional allowance is due."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 23, 2020	Range of Motion Testing (95851 x 2)	$56.26	$56.26

FINDINGS AND DECISION

By Official Order Number 2807 dated October 17, 2013, the undersigned has been delegated authority by the Commissioner to **amend** fee dispute decisions.

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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 §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 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.
   - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
   - 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.
   - 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.

Issues

Is Keith Louden, M.D. entitled to reimbursement for the service in question?

Findings

Dr. Louden is seeking reimbursement for range of motion testing performed in conjunction with an examination to determine the extent of a compensable injury requested by the insurance carrier. The insurance carrier argued, "Range of motion testing as documented is inclusive to the Physician Examination, Musculoskeletal organ system component of E/M service."

An examination by a required medical examination doctor 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."[1]

Documentation submitted to the DWC supports that Dr. Louden performed range of motion testing for the bilateral ankles. Range of motion testing, represented by CPT code 95851, was billed at one unit for each extremity. Therefore, Dr. Louden is entitled to reimbursement of these services at two 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 2020 is $60.23.[3] Therefore, the maximum allowable reimbursement is $75.70. Dr. Louden is seeking $56.26. 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 $56.26.

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 $56.26, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

---

[1] 28 TAC §134.235

[2] 28 TAC §134.203(b) and (c)

[3] https://www.tdi.texas.gov/wc/fee/conversionfactors.html#conv

Authorized Signature

		September 1, 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.