



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

Requester Name

SCHNERINGER, JESSE OWEN

Respondent Name

SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number

M4-20-3021-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 31, 2020

REQUESTER'S POSITION SUMMARY

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

"Based on review of the submitted medical billing and supporting documentation it was found that Jesse Owen Schneringer, DC performed the medical disability evaluation in question at the request of the injured employee's treating doctor and not via assignment through the designated doctor program although modifier (-W5) was appended to CPT code 99456."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 11, 2019	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$650.00	\$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 §134.240 sets out the billing guidelines for designated doctor examinations.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - Notes: "Per rule 134.240, only a Designated Doctor can bill with modifiers W5-W9. This is not a DD exam."
 - 4 – Required Modifier Missing or Inconsistent w/proced

- 16 – Svc lacks info needed or has billing error(s)
- Notes: “Modifier W5 is an indicator that a DESIGNATED DOCTOR performed an MMI/IR exam as clearly indicated in rule 134.240. Rule 134.250 specifically addresses MMI Evaluations and Impairment Rating Exams billing. Review 134.250(3)(C) and 134.250(4)(C)(iii).”

Issues

Is Jesse O. Schneringer, D.C. entitled to reimbursement for the examination in question?

Findings

Dr. Schneringer is seeking reimbursement for an examination maximum medical improvement and impairment rating as requested by the injured employee’s treating doctor. Dr. Schneringer billed these services with CPT code 99456-W5-WP.

Safety National Casualty Corporation denied payment, in part, based on the modifier used in billing the service.

An examination to determine maximum medical improvement and impairment rating is billed using CPT code 99456 with modifier “W5” only when the examination was performed by a designated doctor ordered by the DWC.¹ No evidence was received to support that the examination in question was ordered by the DWC. No reimbursement is recommended for this service.

Conclusion

For the reasons stated above, the DWC finds that the requester 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 requester is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	September 24, 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 §134.240 (1)