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
MAYORGA, GILBERT JR

Respondent Name
ZENITH INSURANCE CO

MFDR Tracking Number
M4-21-0477-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
November 18, 2020

REQUESTOR'S POSITION SUMMARY

"In brief, we were not paid for line item 99456 SP, which was required in order to prepare the report. Therefore, we request that we be reimbursed as allowed by the Texas Fee Guideline for this line item, the amount of $50.00."

Amount in Dispute: $50.00

RESPONDENT'S POSITION SUMMARY

"The provider indicates on his appeal letter that the report incorporation … was used to answer a specific question. Based on the review of the submitted documentation, the specialist's report was for Functional Capacity Evaluation … to answer the specific question of return to work."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 26, 2019	Designated Doctor Examination (99456-SP)	$50.00	$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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 306 – To reprice this code requires the appropriate modifier. Please attach the appropriate modifier and resubmit.

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.

Issues

Is Gilbert Mayorga, M.D. entitled to reimbursement for the disputed charge?

Findings

Dr. Mayorga is seeking reimbursement for incorporating a specialist's report into a designated doctor examination. Dr. Mayorga billed this service using procedure code 99456-SP.

Modifier "SP" is added to procedure code 99456 when the examining doctor incorporates a specialist report into the determination of impairment rating for a non-musculoskeletal body area.[1] Dr. Mayorga provided no evidence to support that a specialist's report was used in the final determination of an impairment rating of a non-musculoskeletal body area.

The DWC concludes that Dr. Mayorga is not entitled to reimbursement for the disputed 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.

Authorized Signature

		February 2, 2021
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.

[1] 28 TAC §134.250 (4)(D)(iii)