



# 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**

MEAD, CODY

**Respondent Name**

FEDERAL INSURANCE CO

**MFDR Tracking Number**

M4-21-0758-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

January 14, 2021

### REQUESTOR'S POSITION SUMMARY

"This is not a DD exam: This is correct per TDI DWC MMI-IR Billing Guidelines ..."

**Amount in Dispute:** \$50.00

### RESPONDENT'S POSITION SUMMARY

"... there is no instruction in the existing DWC rules that recommends reimbursement for multiple impairment rating for health care providers other than the designated doctor."

**Response Submitted by:** CorVel

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 18, 2020	Multiple Impairment Ratings (99456-MI)	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.210 defines the modifiers used for division-specific services.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 234 – This procedure is not paid separately.
  - 4 – Required Modifier Missing or Inconsistent w/ procedure
  - Notes: "Per rule 134.210(e) – This modifier shall be added to DPT code 99456 when the designated doctor is required to complete multiple impairment ratings calculation. This is not a DD exam.

**Issues**

Is Cody Mead, D.O. entitled to additional reimbursement?

**Findings**

Dr. Mead is seeking reimbursement for the calculation of an additional impairment rating given as part of an examination performed at the request of the insurance carrier. Reimbursement is reserved for multiple impairment ratings performed as part of a **designated doctor**<sup>1</sup> examination.

The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination. Therefore, no reimbursement can be recommended.

**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**

Signature	Medical Fee Dispute Resolution Officer	March 5, 2021 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.**

<sup>1</sup> 28 TAC §180.22 (h)