



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

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-21-0775-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 15, 2021

REQUESTOR'S POSITION SUMMARY

"In brief we were not paid for the line item 99456 SP, which was required in order to prepare the report."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

"Dr. Gilbert Mayorga submitted a bill to Texas Mutual that was received 2/17/2020. Audit staff denied 99456-SP modifier as **global to Dr. Mayorga's exam, possible oversight** regarding the inclusion of the FCE report.

Dr. Gilbert Mayorga submitted another bill on 2/21/20 same services, no additional information audit staff denied this bill as duplicate ... No appeal was submitted by Dr. Mayorga to Texas Mutual prior to MDR being filed with the division."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 22, 2020	Designated Doctor Examination Specialist Report (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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 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:
 - CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.

- CAC-97 – The benefit for this service included in the payment/allowance for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-18 – Exact duplicate claim/service
- 224 – Duplicate charge.

Issues

Is Gilbert Mayorga, Jr., M.D. entitled to additional reimbursement for the examination in question?

Findings

Dr. Mayorga is seeking additional reimbursement for incorporating additional testing into the designated doctor examination to determine maximum medical improvement and impairment rating. 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.

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.

¹ 28 TAC §134.250 (4)(D)(iii)

