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**
ACADEMY REHAB CLINIC P.A

**Respondent Name**
SERVICE LLOYDS INSURANCE CO

**MFDR Tracking Number**
M4-21-0949-01

**Carrier's Austin Representative**
Box Number 01

**MFDR Date Received**
February 9, 2021

## *REQUESTOR'S POSITION SUMMARY*

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

**Amount in Dispute:** $450.00

## *RESPONDENT'S POSITION SUMMARY*

"The previous review is being maintained (Payment of $450.00) and no additional allowance is recommended as the Payment Adjustor Factor was applied in accordance with the DWC guidelines."

**Response Submitted by:** Mitchell International, Inc.

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| December 8, 2020 | Designated Doctor Examination | $450.00 | $350.00 |

## *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. Texas Labor Code §408.121 sets out the requirements for entitlement to impairment income benefits.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 308 – MMI/IR procedure code 99456 is permitted only once on the same date of service.
   - 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.

**Issues**

1. Is the examination in question subject to dismissal based on medical necessity?
2. Is Academy Rehab Clinic entitled to additional reimbursement for the examination in question?

**Findings**

1. Academy Rehab Clinic is seeking an additional reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment, in part, based on medical necessity.

   An examination to determine maximum medical improvement and impairment rating is necessary to determine the injured employee's entitlement to impairment income benefits,[1] therefore it is not subject to denial based on medical necessity. The insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier did not support its denial of payment based on medical necessity, the DWC reviews the entitlement to reimbursement based on the submitted billing.

   The examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456. Reimbursement is $350.00 for this examination.[2] The submitted documentation supports that Joe Hugghins, D.C. performed an evaluation of maximum medical improvement. Therefore, Dr. Hugghins is entitled to $350.00 for this examination.

   The examining doctor is required to bill an examination to determine the impairment rating of an injury with CPT code 99456.[3] Review of the submitted documentation finds that Dr. Hugghins performed impairment rating evaluations of the right biceps tendon rupture with range of motion testing and a pulmonary embolism. The maximum allowable reimbursement (MAR) for the evaluation of a musculoskeletal body area performed with range of motion is $300.00.[4] The MAR for the assignment of impairment rating for non-musculoskeletal body areas is $150.00 each.[5] Therefore, Dr. Hugghins is entitled to $450.00 for this examination.

   The total allowable reimbursement for the examinations in question is $800.00. The insurance carrier paid $450.00. An additional $350.00 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 $350.00.

***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 $350.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

| | | |
|---|---|---|
| | | March 5, 2021 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

[1] Texas Labor Code §408.121
[2] 28 TAC §134.250(3)(C)
[3] 28 TAC §§134.250(4)(A) and 134.240(1)(A)
[4] 28 TAC §134.250(4)(C)(ii)(II)(-a-)
[5] 28 TAC §134.250(4)(D)(v)

## *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**.