



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

FORSTER, SIMON JOHN

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-21-1198-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

March 12, 2021

REQUESTOR'S POSITION SUMMARY

"Any additional testing is performed separately to the exams, and not as a component of the exams."

Amount in Dispute: \$209.96

RESPONDENT'S POSITION SUMMARY

"The bill has been reviewed and denial stands as the provider billed CPT 99456 and 9750 on the same DOS; payment for 99456 was issued. Denial for 97750 states: Per NCCI, the procedure code is denied, based on standard of medical, surgical practice as procedure included in 99456."

Response Submitted by: Liberty Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 29, 2020	Physical Performance Testing (97750 x 4)	\$209.96	\$209.96

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 §134.235 sets out the fee guidelines for examinations to determine the extent of the compensable injury.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component of code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.

- 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Issues

Is Simon J. Forster, D.C. entitled to reimbursement for the examination in question?

Findings

Dr. Forster is seeking reimbursement for testing performed in conjunction with an examination to determine the extent of a compensable injury.

An examination by a designated doctor to determine the extent of a compensable injury, represented by CPT code 99456 with modifiers "W6" and "RE," is a division-specific service not subject to Medicare billing rules.¹ If the doctor determines that additional testing is required to make a determination, the testing "shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."²

Documentation submitted to the DWC supports that Dr. Forster performed physical performance testing for the left knee. The physical performance testing, represented by CPT code 97750, was billed at four units of 15-minute increments totaling 60 minutes. Therefore, Dr. Forster is entitled to reimbursement of these services at four units.

Reimbursement for the services in question are based on Medicare policies using the conversion factor determined by the DWC for the appropriate year.³ The conversion factor for 2020 is \$60.32.⁴ Therefore, the maximum allowable reimbursement is \$242.15. Dr. Forster is seeking \$209.96. This amount is recommended.

Conclusion

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. 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 \$209.96.

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 \$209.96, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	_____	June 3, 2021
Signature	Medical Fee Dispute Resolution Officer	Date

¹ 28 TAC §134.210(a)

² 28 TAC §134.235

³ 28 TAC §134.203(b) and (c)

⁴ <https://www.tdi.texas.gov/wc/fee/conversionfactors.html#conv>

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.