

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Scott Harrell, D.C.

Respondent Name

Accident Fund Insurance of America

MFDR Tracking Number

M4-21-1832-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

June 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 7, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating (99455-WP-V3)	\$370.32	\$328.82

Requestor's Position

"The service for MMI and Impairment Rating for 1 body areas, as upper extremity with range of motion, and should be paid as 99455-V3 Office visit level of \$200.00 was submitted as the injured worker had a prior examination, however, the IR portion is billed as \$300.00 for the first and only area with range of motion and was not paid at all. Provider is seeking the \$300.00 payment for the IR portion. The office visit of \$200.00 is my usually and customary fee for this office visit level, however, was reduced by the carrier."

Amount in Dispute: \$370.32

Respondent's Position

The Austin carrier representative for Accident Fund Insurance of America is Stone, Loughlin & Swanson, LLP. The representative was notified of this medical fee dispute on June 15, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the

available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for professional services.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- IMES – Service not subject to discount
- W3 – Additional payment made on appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. Is Scott Harrell, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Harrell is seeking an additional reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier reduced the payment based on fee guidelines.

The submitted documentation supports that Dr. Harrell performed an evaluation of maximum medical improvement (MMI) as a referral doctor that has previously treated the injured employee.

According to 28 TAC §§134.250 (3)(A), a referral doctor that has previously treated the injured employee is required to bill an examination to determine maximum medical improvement with CPT code 99455. The treating doctor is required to include "V1," "V2," "V3," "V4," or "V5" to correspond with the last digit of the applicable office visit.

28 TAC §134.250 (3)(A)(i) states that reimbursement is the applicable established patient office visit level associated with the examination. Dr. Harrell billed the examination in question with modifier V3.

The applicable office visit level that corresponds with this modifier is 99213. The maximum allowable reimbursement (MAR) for this code is based on Medicare payment policies as described in 28 TAC §134.203. The MAR for the MMI portion of the examination in question is \$158.50.

Review of the submitted documentation finds that Dr. Harrell performed impairment rating evaluations of the right elbow and shoulder with range of motion testing. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total MAR for the services in dispute is \$458.50. The insurance carrier paid \$129.68. An additional reimbursement of \$328.82 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$328.82 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Accident Fund Insurance of America must remit to Scott Harrell, D.C. \$328.82 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 28, 2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.