



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Geneva Medical Mgmt, Inc.

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-21-1937-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 8, 2020	Designated Doctor Examination	\$1,250.00	\$0.00

Requestor's Position

"These services were requested and prescribed by the Division. The above referenced designated doctor performed the MMI examination and assigned the IR..."

Amount in Dispute: \$1,250.00

Respondent's Position

"The additional is not owed on 99456 W5 as the meds note the IW is not a MMI"

Response Submitted by: The Hartford

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 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:

- 133 – The disposition of this claim/service is pending further review.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- PPRJ – Paid without prejudice.
- 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.
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.
- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service

Issues

1. Is Hartford Casualty Insurance Company's (Hartford) denial supported?

Findings

1. Geneva Medical Mgmt, Inc. (Geneva) is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating. Hartford reduced the charge, in part, stating that "An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed."

Review of the submitted documentation finds that Geneva billed for designated doctor findings of maximum medical improvement and impairment rating.

According to 28 TAC §134.250 (2), if maximum medical improvement has not been reached, the doctor must bill the service using CPT code 99456 with modifier "NM." The designated doctor's report indicates that the injured employee had not reached maximum medical improvement and did not include evidence that an impairment rating was given.

The DWC finds that Geneva did not bill the examination as required by 28 TAC §134.250. For this reason, Hartford’s denial is supported, and Geneva is not entitled to reimbursement for the disputed services.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

		September 7, 2021
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.