

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Leonard, M.D.

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-21-2014-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2020	Designated Doctor Examination (99456-W5-WP)	\$150.00	\$0.00
December 5, 2020	Specialist Report (99456-SP)	\$100.00	\$0.00
Total		\$250.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$250.00

Respondent's Position

"The provider was entitled to \$350.00 for the MMI portion of that exam and \$300.00 for the impairment rating portion of the exam. That \$300.00 reimbursement was based upon range of motion testing. The provider is entitled to additional reimbursement only if there are additional body areas for which there was an impairment rating assigned. However, there were no additional body areas.

The provider is entitled to \$50.00 under CPT code 99456 with an SP modifier. This is based upon additional testing. Thus, the provider is entitled to a total of \$700.00. The carrier has already

reimbursed the provider \$650.00 of that \$700.00 amount.”

Response Submitted by: Flahive, Ogden & Latson

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 §134.250 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.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Additional payment made on appeal/reconsideration
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

1. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking additional reimbursement for a designated doctor examination performed on December 5, 2020.

The submitted documentation supports that Dr. Leonard performed an evaluation of maximum medical improvement. 28 TAC §134.250 (3)(C) states that the maximum allowable

reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Leonard performed an impairment rating evaluation of right upper extremity 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.

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

28 TAC §134.250 (4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating to non-musculoskeletal body areas. Dr. Leonard 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.

The total allowable reimbursement for the services in question is \$650.00. The insurance carrier paid this amount. No additional reimbursement 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 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

October 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 electrónico CompConnection@tdi.texas.gov.