

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Micheal Leonard, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-21-2275-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2021	Designated Doctor Examination (99456-W5-WP)	\$500.00	\$500.00
February 9, 2021	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$500.00
February 9, 2021	Multiple Impairment Ratings (99456-W5-MI)	\$50.00	\$50.00
February 9, 2021	Specialist Report (99456-SP)	\$50.00	\$50.00
Total		\$1,100.00	\$1,100.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Amount in Dispute: \$1,100.00

Respondent's Position

"Respondent shows that Dr. Martin correctly billed Code 99456 WP for the entire exam. This consists of the MAR authorized \$350.00 for the MMI determination and an additional \$150.00 for the impairment rating. Dr. Martin also correctly billed \$50.00 for the multiple impairment ratings, and another \$50.00 for incorporating a special report. Dr. Martin INCORRECTLY billed

\$500.00 for the extent exam, cpt code 99456 RE. The correct MAR is \$350.00. See Rule 134.205(3). Dr. Martin is not entitled to \$1,100.00 for these services. At most he would be entitled to \$950.00.”

Response Submitted by: Stephen J. Backhaus, PLLC

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 §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.240 sets out the procedures for payment or denial of a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
6. Texas Labor Code §408.0272 sets out exceptions to the medical bill filing deadline.

Denial Reasons

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

- 29 – The time limit for filing has expired
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is Zurich American Insurance Company’s denial based on timely filing supported?
2. Is Micheal Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking reimbursement for a designated doctor examination performed on February 9, 2021. Zurich American Insurance Company denied the services in question stating that the time limit for filing had expired.

Per 28 TAC §133.20 (b), a health care provider is required to submit a medical bill to the insurance carrier or its agent within 95 days from the date of service. Exceptions to this deadline are provided in TLC §408.0272 and include:

- a. The medical bill was filed in error to
 - i. The injured employee's group accident and health insurance;
 - ii. The injured employee's health maintenance organization; or
 - iii. The wrong workers' compensation insurance carrier; or
- b. The commissioner finds that a catastrophic event substantially interfered with the normal business operations of the provider.

On March 25, 2020, Commissioner Brown issued Bulletin # B-0010-20, effective March 13, 2020, which tolled the 95-day deadline. This pause was lifted on January 29, 2021 by Bulletin # B-0004-21, effective March 1, 2021.

The evidence supports that Dr. Leonard submitted the bill within 95 days of the end of the Commissioner's declaration. DWC finds that Zurich American Insurance Company's denial for this reason is not supported.

2. The submitted documentation supports that Dr. Leonard performed an evaluation of maximum medical improvement as ordered by DWC. 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 impairment rating evaluations of head contusion and post-concussion syndrome. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The submitted documentation indicates that Dr. Leonard performed an examination to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The submitted documentation indicates that Dr. Leonard was ordered to address maximum medical improvement, impairment rating, and extent of injury. The narrative report and enclosed forms support that these evaluations were performed, and one additional impairment rating was provided. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50 for each additional impairment rating calculation.

Dr. Leonard referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for a head injury. The use of this report is noted in the

narrative. Per 28 TAC §134.250 (4)(D)(iii), the correct MAR for this service is \$50.00.

The total allowable reimbursement for the examination in question is \$1,100.00. This amount 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 \$1,100.00 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 Zurich American Insurance Company must remit to Micheal Leonard, M.D. \$1,100.00 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

October 22, 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.