



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Daniel Thompson, M.D.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-21-2307-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

August 16, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2020	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$500.00

### Requestor's Position

**Initial Statement:** "... the insurance carrier has refused to pay me for a designated doctor issue (Extent of Injury) that was ordered and scheduled by the Division of Workers' Compensation."

**Supplemental Statement:** "I received two DWC 32s for this case: 1) On 09-22-2020, from the ombudsman, requesting Extent of Injury; 2) On 11-17-2020, from the Insurance carrier, requesting MMI/IR. On 10-09-2020, I performed the exam. On 10-16-2020, I submitted a DD report addressing Extent of Injury. On 10-19-2020, I billed for Extent of Injury. On 11-20-2020, I submitted an amended report, addressing MMI/IR. On 11-20-2020, I billed form MMI/IR. On 06-04-2021, The insurance carrier paid for the MMI/IR. But I have not received payment for the Extent of Injury."

**Amount in Dispute:** \$500.00

## **Respondent's Position**

Upon notification of this dispute the Office researched the medical billing received from Daniel Thompson MD which determined payment in the amount of \$500.00 was made on 6/10/21.

**Response Submitted by:** State Office of Risk Management

## **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. Texas Labor Code §408.0041 sets out the procedures for designated doctor examinations.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of injury.
4. 28 TAC §134.240 sets out the requirements for billing designated doctor examinations.

### Denial Reasons

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

- 16 – Claim/service lacks information which is needed for adjudication.
- 251 – The attachment content received did not contain the content required to process this claim or service
- Notes: "Billed DX and/or documentation does not support services are being rendered for the compensable injury. Please resubmit with DX code(s) that are related to W/C compensable injury."
- 29 – The time limit for filing has expired.

### Issues

1. Is the examination in question subject to dismissal based on extent of injury?
2. Is State Office of Risk Management's denial based on timely filing supported?
3. Is Daniel Thompson, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Thompson is seeking reimbursement for a DWC-ordered examination to determine the extent of the compensable injury, represented by procedure code 99456-W6-RE. State Office of Risk Management denied payment for the examination in question.

Per TLC §408.0041 (h), the insurance carrier is required to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited. The DWC finds that the examination in question is not subject to dismissal based on extent of injury.

2. State Office of Risk Management also denied payment for the examination in question based on timely filing. Review of the documentation received by DWC supports that a complete medical bill for this examination was submitted to the insurance carrier on or about October 19, 2020.

DWC finds that the insurance carrier's denial based on timely filing is not supported.

3. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Thompson is entitled to reimbursement.

According to 28 TAC §134.235, the designated doctor is required to bill an examination to determine extent of injury with CPT code 99456 and modifier "RE." In addition, 28 TAC §134.240 requires designated doctors to include modifier "W6."

The submitted documentation supports that Dr. Thompson performed an examination to determine extent of injury as ordered by DWC. Per 28 TAC §134.235, the MAR for this examination is \$500.00.

State Office of Risk Management argued that it paid \$500.00 for the disputed examination on June 10, 2021. The documentation submitted by the insurance carrier was for a payment of procedure code 99456-W5-WP, not for the disputed procedure code 99456-W6-RE. A reimbursement of \$500.00 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 \$500.00 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 State Office of Risk Management must remit to Daniel Thompson, M.D. \$500.00 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

September 29, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).