

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Aaron Ford, D.C.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-21-2474-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 30, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 24, 2020	Examination to Determine Maximum Medical Improvement (99456-NM)	\$350.00	\$0.00
September 24, 2020	Examination to Determine Extent of Injury	\$500.00	\$0.00
Total		\$850.00	\$0.00

Requestor's Position

"This claim was referred for an impairment rating evaluation with extent of injury by their treating doctor ... Impairment ratings are not required to have pre-authorization, as it was requested by the treating doctor."

Amount in Dispute: \$850.00

Respondent's Position

"The HCFA includes diagnoses codes for G56.01 (Carpal tunnel syndrome, right upper limb) and G90.5 (Complex regional pain syndrome I). These conditions were denied by PLN-11 dated April 27, 2020. They were further found to be not compensable by the Decision and Order dated January 7, 2021 and the Appeals Panel Decision dated April 7, 2021 ...

Dr. Ford's evaluation was not reimbursable under Sec. 408.0041 (f-2) because it was not done in response to a first evaluation of MMI and IR from a designated doctor. Claimant was evaluated for MMI and IR by a treating doctor and a treating doctor referral before being evaluated by the designated doctor for MMI and IR."

Response Submitted by: Ricky D. Green, 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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.250 sets out the fee guidelines for examinations to determine the extent of a compensable injury.
3. Texas Labor Code §408.0041 sets out the requirements for designated doctor examinations.

Denial Reasons

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

- 219 – Based on extent of injury
- 5116 – Based on extent of injury. If adjustment is at the claim level, the payer must send and the provider should refer to the 835 insurance policy number segment (Loop 2100 other claim related information ref qualifier 'IG') for the jurisdictional regulation. If adjustment is at the line level, the payer must send and the provider should refer to the 835 healthcare policy identification segment (Loop 2110 service payment information ref).
- 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
- Additional payment made on appeal/reconsideration.
- 293 – This procedure requires prior authorization and none was identified.

Issues

1. Is this dispute subject to dismissal based on extent of injury?
2. Is Zurich American Insurance Co.'s denial based on authorization supported?
3. Is Aaron Ford, D.C. entitled to additional reimbursement?

Findings

1. Dr. Ford is seeking reimbursement for an examination to determine maximum medical improvement and the extent of a compensable injury requested by the treating doctor.

The insurance carrier denied the examination, in part, based on the extent of the compensable injury. 28 TAC §§133.305(b) and 133.307(c)(1)(B)(i) state that a dispute regarding the extent of injury must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307 (d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

Review of the submitted documentation finds that Ricky D. Green, PLLC failed to attach a copy of a related PLN on behalf of Zurich American Insurance Co. to support a denial based on the extent of the compensable injury.

This dispute is not subject to dismissal as the denial reason was not supported.

2. The insurance carrier also denied payment based on lack of authorization. TLC §408.0041 (f-2) allows an injured employee that is not satisfied with the designated doctor's opinion to request an examination for MMI and IR from the treating doctor or a doctor referred by the treating doctor if the designated doctor's opinion is the employee's first evaluation.

The greater weight of evidence provided to DWC supports that a designated doctor's examination was not the first evaluation of maximum medical improvement and impairment rating before the examination in question.

DWC concludes that Zurich American Insurance Co.'s denial is supported.

3. Because the insurance carrier's denial was supported, DWC finds that Dr. Ford is not entitled to reimbursement for the examination for maximum medical improvement and impairment rating.

Dr. Ford is also seeking reimbursement for an examination to determine extent of the compensable injury, billed with CPT code 99456-RE.

Per 28 TAC §134.235, An examination to determine return to work is billed using CPT code 99456 with modifier "RE" only when the examination was requested by the DWC or the insurance carrier. No evidence was received to support that the examination in question was requested by the DWC or the insurance carrier.

DWC finds that Dr. Ford is not entitled to reimbursement for the examinations in question.

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

Signature

Medical Fee Dispute Resolution Officer

November 9, 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.