

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Steven Reed Anderson

Respondent Name

City of Corpus Christi

MFDR Tracking Number

M4-22-0078-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

September 15, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2021	99456 W5 WP	\$650.00	\$650.00
April 14, 2021	99456 W5 MI	\$50.00	\$0.00
April 14, 2021	99456 W5 SP	\$50.00	\$0.00
April 14, 2021	99456 W6 RE	\$500.00	\$500.00
		\$1250.00	\$1150.00

Requestor's Position

An original bill and a reconsideration were submitted, the current rules allow reimbursement.

Amount in Dispute: \$1250.00

Respondent's Position

The Austin carrier representative for City of Corpus Christi is JI Specialty Services. The representative was notified of this medical fee dispute on September 21, 2021.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.20 sets out the claim submission requirements of medical bills.
3. 28 TAC §102.4 sets out the general rules for non-commission communications.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 247 – A payment or denial has already been recommended for this service
- 29 – The time limit for filing claim/bill has expired

Issues

1. Is the insurance carrier's denial based on non-timely submission of the claim supported?
2. What rule(s) are applicable to reimbursement?

Findings

1. The requestor submitted a medical bill for services rendered April 14, 2021. The insurance carrier denied the first claim submission and the reconsideration based on timely submission.

DWC Rule §133.20 (b) states in pertinent part a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

The requestor submitted documentation to support that on June 10, 2021, a fax of 27 pages was sent successfully to 866-548-2637. This number is associated with the workers compensation carrier responsible for this claim.

DWC Rule §102.4 (h) (1) states in pertinent part unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on the date received, if sent by fax, personal delivery or electronic transmission.

The date of service of the disputed claim is April 14, 2021. The proof of fax transmission is June 10, 2021. This date is within the 95-day requirement of Rule 134.20. The insurance

carrier's denial is not supported. The disputed services will be reviewed per applicable fee guideline.

2. The requestor is seeking reimbursement of the following medical services.

- 99456-W5, WP, examining doctor, other than treating doctor, examination and certification of MMI and IR.

According to 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier "W5."

The submitted documentation supports that Dr. Steven Anderson performed an evaluation of maximum medical improvement as ordered by DWC. DWC Rule 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00. When the examining doctor calculates an impairment rating, 28 TAC §§134.250 (4)(A) and 134.240 (1)(A) require the doctor to bill with CPT code 99456 and modifier "W5."

When the examining doctor also performs the testing for impairment rating of musculoskeletal body areas, DWC Rule 28 TAC §134.250 (4)(C)(iii) requires the examining doctor to add modifier "WP."

Review of the submitted documentation finds that Dr. Steven Anderson performed an impairment rating evaluation of lumbar spine with range of motion testing.

DWC Rule 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The total MAR for the submitted claim line is \$650.00. This amount is recommended.

- 99456-W5, MI, multiple IRs required as component of examination. The submitted documentation indicates that Dr. Steven Anderson was ordered to address maximum medical improvement, impairment rating, and extent of injury.

When multiple impairment ratings are required as a component of a designated doctor examination, DWC Rule 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50 for each additional impairment rating calculation. The correct MAR for this service is \$50.00. However, the number of impairments ratings supported by documentation was one. No additional payment is recommended.

- 99456-W5, SP, examining doctor refers testing for non-musculoskeletal body area to a specialist.

Dr. Steven Anderson referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for lumbar spine. The report is found to address lumbar spine, not non-musculoskeletal body part, no payment is recommended.

- 99456-W6, RE – a division requested extent of injury examination.

The W6 modifier referenced in §134.240 (C) is used when extent of injury is performed.

The designated doctor is required to bill an evaluation of care with CPT code 99456 and modifier "RE."

The submitted documentation indicates that Dr. Steven Anderson performed an examination to determine extent of injury. According to 28 TAC §134.235, the MAR for this examination is \$500.00. 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 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 City of Corpus Christi must remit to Steven Reed Anderson \$1,150 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

December 13, 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.