

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Anthony Owusu, M.D.

**Respondent Name**

Znat Insurance Co.

**MFDR Tracking Number**

M4-22-0241-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

October 5, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	\$0.00	\$0.00
	Specialist Report (99456-SP)	\$50.00	\$50.00
	Total	\$50.00	\$50.00

### Requestor's Position

"PLEASE NOTE THAT CPT CODE 99456 WITH MODIFIER CODE 'SP' IS USED TO INDICATE THAT A SPECIALTY REPORT WAS ATTACHED TO THE MMI REPORT AND THIS SPECIALTY REPORT (NEUROPSYCH EVALUATION) WAS USED TO HELP DETERMINE THE IMPAIRMENT RATING."

**Amount in Dispute:** \$50.00

### Respondent's Position

"Upon completion of the clinical review of the four bill submissions and the MFDR, no additional payment is due to the provider for the disputed code 99456-SP. This date of service was reimbursed correctly pursuant to the \$134.250 Maximum Medical Improvement and Impairment Rating Examinations fee guidelines."

**Response Submitted by:** The Zenith

## 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:

- 306 – To reprice this code requires the appropriate modifier. Please attach the appropriate modifier and resubmit.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- Notes: "UPON FURTHER REVIEW, NO ADDITIONAL ALLOWANCE IS RECOMMENDED. 99456: Designated doctor evaluations are identified using procedure code 99456 along with modifiers -W5, -W6, -W7, -W8, -W9, -26, -TC, or -WP."
- 200 – Per 133.20, a medical bill shall not be submitted later than the 1<sup>st</sup> day of the 11<sup>th</sup> month (<08/31/05) or 95 days (>09/01/05) after DOS.
- 29 – The time limit for filing has expired.
- 224 – Duplicate charge.
- 18 – Exact duplicate claim/service

### Issues

1. What are the services in dispute?
2. Is Znat Insurance Co.'s denial based on timely filing supported?
3. Is Anthony Owusu, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Owusu is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Dr. Owusu is seeking \$0.00 for procedure code 99456-WP. Therefore, this code will not be reviewed.

Dr. Owusu is seeking \$50.00 for incorporating a specialist's report in to the assessment of impairment rating. Therefore, requested procedure code 99456-SP is the service reviewed in this dispute.

2. On explanation of benefits dated September 2, 2021, the insurance carrier denied the service in question based on timely filing.

Subsequent explanations of benefits dated September 15, 2021, and the insurance carrier's position statement did not maintain this denial. Therefore, DWC finds that this denial reason is not supported.

3. Dr. Owusu referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for anxiety/adjustment disorder. The use of this report is noted in the narrative. Per 28 TAC §134.250 (4)(D)(iii), the examining doctor bills the service with the appropriate MMI CPT code with modifier "SP". The correct MAR for this service is \$50.00. 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 \$50.00 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 Znat Insurance Co. must remit to Anthony Owusu, M.D. \$50.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	November 9, 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](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).