

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald Gene Eaves

Respondent Name

Tx Assoc of Counties Rmp

MFDR Tracking Number

M4-22-0283-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 2, 2021	99456 W5	\$500.00	\$150.00
June 2, 2021	99456 W6	\$500.00	\$0.00
Total		\$1000.00	\$150.00

Requestor's Position

It is my position that this bill should be reimbursed at its face value of \$500.00 as outlined in 134.204 (j) for MMI/IR W5 determination and \$500.00 for extent of injury W6 opinion as outlined in 134.204 (i) & (k).

Amount in Dispute: \$1000.00

Respondent's Position

Texas Association of Counties maintains its position.

Response submitted by: Burns Anderson Jury & Brenner

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

- 1001- Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- W3 – Bill is a reconsideration or appeal
- 18 – Exact duplicate claim/service
- 29 – The time limit for filing claim/bill has expired

Issues

1. Is the insurance carrier's reduction based on workers' compensation fee schedule supported?

Findings

1. The requestor is seeking reimbursement of designated services rendered in June 2021. The original denial/reconsideration was based on claim not submitted timely. The insurance carrier did not maintain this denial and paid \$850.00 on October 6, 2021. The requestor seeks to continue MFDR for the remaining \$150 outstanding balance.

The requestor is seeking reimbursement of the following medical services.

- 99456-W5, WP, designated doctor examination and certification of MMI and IR.

According to 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the designated 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. Eaves 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 designated 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 designated 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. Eaves 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. However, the requestor is seeking \$500.00. This amount is recommended.

- 99456-W6, RE. The designated doctor is required to bill CPT code 99456 and modifier "RE" when conducting a division requested RTW/EMC examination.

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

The total MAR for the services is \$1150.00. The insurance carrier paid \$850.00. The requestor is seeking \$150.00 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 Tx Assoc of Counties Rmp must remit to Dr. Donald Gene Eaves \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

December 20, 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. 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.