TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Gregory Bruce Sheppard

Respondent Name
Znat Insurance Co

MFDR Tracking Number
M4-22-0459-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
November 3, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 20, 2021	W6, RE	$500.00	$0.00
July 20, 2021	95851	$56.26	$56.26
	Total	$556.26	$56.26

Requestor's Position

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

Amount in Dispute: $556.26

Respondent's Position

On August 18, 2021. Zenith Insurance Company (Zenith) processed a payment of $500.00 on check number 862045. …The provider's report does support reimbursement for the range of motion testing (95851) performed on 07/20/2021. Therefore, no additional payment is due. This date of service was reimbursed correctly pursuant to the §134.235.

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 §134.235 sets out the fee guidelines for return to work/evaluation of medical care.
3. 28 TAC §134.203 sets out the fee guidelines for professional services.

Denial Reasons

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

- 234 – This procedure is not paid separately
- 350 – This bill has been identified as a request for reconsideration or appeal

Issues

1. Is the insurance carrier's denial based on packaging supported?
2. What rule applies when determining the maximum allowable reimbursement?

Findings

1. The requestor is seeking reimbursement of 99456, W6, RE and 95851. The applicable rule is DWC Rule 28 TAC §134.235 which states in pertinent part, "the designated doctor shall bill and be reimbursed using CPT code 99456 with modifier "RE." In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be $500 in accordance with §134.240 of this title and shall include division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

    - 99456-W6, RE. The submitted documentation indicates that Dr. Sheppard performed an examination to determine extent of injury.

      According to 28 TAC §134.235, the MAR for this examination is $500.00.

      Documentation from the insurance carrier indicates a payment of $500.00 was made on August 18, 2021, for $500.00. No additional payment is recommended.

    - 95851-Rage of motion measurements and report. Per Rule §134.235 required testing is separately reimbursed in addition to the examination fee. The insurance carrier's denial is not supported.

The disputed claim line will be reviewed per applicable fee guideline of Rule §134.203 which states in pertinent part, system participants shall apply the Medicare payment policies with minimal modifications.

The MAR is calculated as DWC Conversion Factor / Medicare Conversion Factor multiplied by the physician fee schedule allowable or 61.17/34.8931 x 22.12 x 2 units = $77.56.

The allowable for the disputed service is $77.56. The requestor is seeking $56.26. 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 Znat Insurance Co must remit to Gregory Sheppard $56.26 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 20, 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 electronico CompConnection@tdi.texas.gov.