

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton D. Weeks, D.C.

Respondent Name

Service Lloyds Insurance Company

MFDR Tracking Number

M4-22-0866-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

January 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 27, 2021	Examinations to Determine Extent of the Compensable Injury, Ability to Return to Work, and Disability	\$875.00	\$0.00

Requestor's Position

The MMI portion of this examination was billed for **\$350.00** using appropriate CPT Code 99456. The appropriate modifier "NM" was applied.

Extent of Injury was billed for **\$500.00** using appropriate CPT Code 99456 with modifier "W6,RE".

Return to Work was billed at 50% for **\$250.00** using appropriate CPT Code 99456 with modifier "W8, RE".

Disability was billed at 25% for **\$125.00** using appropriate CPT Code 99456 with modifier "W7, RE."

*NM - \$350.00 PAID

*W6-RE- \$500.00

*W8-RE- \$250.00

*W7-RE- \$125.00

Total: \$1225.00

Reimbursed: \$350.00

Due: \$875.00

Amount in Dispute: \$875.00

Respondent's Position

The previous review is being maintained (Payment of \$0) and no additional allowance is recommended as the PLN11 disputing Lumbar Radiculopathy on file and DX M54.16 billed. The DX pointer on the denied service are for the PLN11 disputed condition and Carrier approves the denial accordingly.

Response Submitted by: Mitchell International, Inc.

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 §126.17 sets out the procedures for examinations performed by the treating or referral doctor to address issues other than maximum medical improvement and impairment rating after a designated doctor.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of the compensable injury, ability to return to work, and disability.
4. 28 TAC §134.240 sets out fee guidelines 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
- 751 – Extent of injury not finally adjudicated

Issues

1. Is Service Lloyds Insurance Company's denial based on extent of injury supported?
2. Is Trenton D. Weeks, D.C. entitled to additional reimbursement?

Findings

1. Dr. Weeks is seeking reimbursement for examinations to determine maximum, medical improvement, impairment rating, extent of the compensable injury, the ability to return to

work, and disability.

Per explanation of benefits dated February 8, 2021, the insurance carrier reimbursed the examination to determine maximum medical improvement in full. No impairment was calculated and Dr. Weeks is not seeking reimbursement for payment of that examination.

Service Lloyds Insurance Company denied payment for the remaining examinations based on the extent of the compensable injury.

28 TAC §126.17 allows the treating doctor or a doctor referred by the treating doctor to opine on issues other than maximum medical improvement and impairment rating after a designated doctor examination if the injured employee does not agree with the designated doctor's findings.

Because the injured employee was seeking an additional opinion related to extent of injury after the findings of the designated doctor, as permitted by 28 TAC §126.17 (a), the insurance carrier's denial is not supported.

2. Because the insurance carrier's denial is not supported, DWC will evaluate if Dr. Weeks is entitled to additional reimbursement.

Dr. Weeks billed the examination to determine the extent of a compensable injury with CPT code 99456-W6-RE. The examination to determine disability was billed with CPT code 99456-W7-RE. The examination to determine the ability to return to work was billed with CPT code 99456-W8-RE.

Per 28 TAC §134.235, examinations for these issues shall only be billed using CPT code 99456 with modifier RE when the examination was requested by the DWC or the insurance carrier. No evidence was received to support that the examinations in question were requested by the DWC or the insurance carrier.

Per 28 TAC §134.240 (1)(C), examinations regarding the issues in question are billed using CPT code 99456 with modifiers W6, W7, or W8 only when the examination was performed by a designated doctor ordered by DWC. No evidence was received to support that the examination in question was ordered by DWC.

Because the disputed services were not billed in accordance with the Texas Administrative Code, no reimbursement is recommended for this service.

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

_____	_____	February 10, 2022
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.