

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Yesica Chapa-Sobremonte, M.D.

Respondent Name

Texas Disposal Systems, Inc.

MFDR Tracking Number

M4-22-1204-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 21, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 21, 2021	Examination to Determine Maximum Medical Improvement – 99455-V3	\$162.00	\$162.00

Requestor's Position

Dr. Chapa-Sobremonte is the treating doctor who determined patient's MMI has been reached and there is no permanent impairment because the injury was sufficiently minor. Certification is not required to bill this procedure as the examination doctor is defined as an authorized doctor in TAC Rule §130.1.

Amount in Dispute: \$162.00

Respondent's Position

The Austin carrier representative for Texas Disposal Systems, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 1, 2022.

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 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement.
2. 28 TAC §130.2 sets out the requirements for certification of maximum medical improvement by a treating doctor.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.203 sets out the fee guidelines for professional services.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement.

Denial Reasons

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

- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Texas Disposal Systems, Inc.'s denial based on the requestor's eligibility to perform the examination in question supported?
2. Is Yesica Chapa-Sobremonte, M.D. entitled to additional reimbursement?

Findings

1. Dr. Chapa-Sobremonte is seeking reimbursement for an examination to determine maximum medical improvement performed on April 21, 2021. The insurance carrier denied payment stating, "This provider was not certified/eligible to be paid for this procedure/service on this date of service.

According to 28 TAC §130.1 (a)(1), only an authorized doctor may certify maximum medical

improvement (MMI). Subsection (A)(i) gives the treating doctor authorization to perform these examinations.

Per 28 TAC §130.1 (a)(1)(B)(ii), if the treating doctor has not been certified or given permission by DWC to assign impairment rating, the doctor is “only authorized to determine whether an injured employee has permanent impairment and, in the event that the injured employee has no impairment, certify MMI.” Because no impairment was found in this case, certification to provide an impairment rating is not required, but the treating doctor remains authorized to certify MMI.

DWC finds that the insurance carrier’s denial for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment for the examination in question, Dr. Chapa-Sobremonte is entitled to reimbursement.

The submitted documentation supports that Dr. Chapa-Sobremonte performed an evaluation of maximum medical improvement (MMI) as the treating doctor.

According to 28 TAC §§134.250 (3)(A), the treating doctor is required to bill an examination to determine maximum medical improvement with CPT code 99455. The treating doctor is required to include “V1,” “V2,” “V3,” “V4,” or “V5” to correspond with the last digit of the applicable office visit.

28 TAC §134.250 (3)(A)(i) states that reimbursement is the applicable established patient office visit level associated with the examination. Dr. Chapa-Sobremonte billed the examination in question with modifier V3.

The applicable office visit level that corresponds with this modifier is 9921x. The maximum allowable reimbursement (MAR) for this code is based on Medicare payment policies as described in 28 TAC §134.203. The MAR for the MMI portion of the examination in question is \$163.79. Dr. Chapa-Sobremonte is seeking \$162.00. 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 \$162.00 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 Texas Disposal Systems, Inc. must remit to Yesica Chapa-Sobremonte, M.D. \$162.00 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

May 20, 2022

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.