



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Simon J. Forster, D.C.

**Respondent Name**

Liberty Insurance Corp.

**MFDR Tracking Number**

M4-22-1794-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

April 22, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2022	Functional Assessment Performed in Conjunction with Designated Doctor Examination	\$209.96	\$0.00

### Requestor's Position

The code 97750 was performed following a Designated Doctor referral and therefore billed in conjunction with '99456-**W5**' (**not** just '99456' the W5 proprietary DWC modifier) ... **Any additional testing is performed separately to the exams, and not as a component of the exams.**

**Amount in Dispute:** \$209.96

### Respondent's Position

The bill has been reviewed and the denial stands as the provider billed 99456 and 97750 on the same DOS; payment for 99456 was issued.

**Response Submitted by:** Liberty Mutual Insurance

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

- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services, procedure (90000-99999) has been disallowed.
- 97
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Is Simon J. Forster, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Forster is seeking additional reimbursement for a functional assessment performed in conjunction with an examination to determine maximum medical improvement and impairment rating.

Per 28 TAC §134.250 (5),

If the examination for the determination of MMI and/or the assignment of IR requires testing **that is not outlined in the AMA Guides**, the appropriate CPT code(s) shall be billed and reimbursed in addition to the fees outlined in paragraphs (3) and (4) of this section [emphasis added].

Because the testing documented in the examination in question are outlined in the AMA Guides, DWC finds that no reimbursement is recommended for the examination in question.

## 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**

_____	_____	June 14, 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](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).