

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Trenton D. Weeks, D.C.

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-22-2070-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

May 18, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-NM	\$350.00	\$0.00

### Requestor's Position

After careful review of documentation, it is concluded that this billed examination was originally billed with missing modifier. We were made aware of this erroneous billed examination by insurance carrier on 07/09/2021 ... Billed examination was resubmitted to the correct insurance carrier on 09/28/2021, resulting in timely submission of corrected erroneous bill notified on 07/09/2021, (82 days). This billed examination was properly performed and documented. This billed examination was submitted within the allotted time for medical bill submission and should be paid in full.

**Amount in Dispute:** \$350.00

### Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs and Stanford, PC. The representative was notified of this medical fee dispute on May 24, 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 §133.20 sets out the procedures for submitting a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 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:

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 10 – The billed service requires the use of a modifier code.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 5526 – Please provide correct CPT codes for all services rendered.
- W3 – No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- 947 – Upheld. No additional allowance has been recommended.
- 18 – Exact duplicate claim/service.
- 306 – Billing is a duplicate of other services performed on the same day.
- DUPL – These services have already been considered for reimbursement.

### Issues

1. Is Indemnity Insurance Co. of North America's denial based on billing error supported?

### Findings

1. Trenton D. Weeks, D.C. is seeking reimbursement for an examination to determine maximum medical improvement with a finding that the injured employee was not at maximum medical

improvement. The insurance carrier denied payment based on billing errors.

Per 28 TAC §133.20(c), "A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills."

Review of the submitted bills finds that a bill with a signature date of May 21, 2021, included CPT code 99456 with no modifiers and 99456 with modifiers W6 and RE. Code 99456 with modifiers W6 and RE is not in dispute, so this service will not be reviewed.

28 TAC §134.250 requires a modifier for CPT code 99456 to identify the service performed. Dr. Weeks confirmed that this billing was coded incorrectly.

A subsequent bill with a signature date of September 28, 2021, was billed using CPT code **99465** and modifier NM. This CPT code is not correct for the service in question.

DWC found no evidence of a bill using correct coding for the service in question in accordance with 28 TAC §133.20(c). No reimbursement 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 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**

		September 9, 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).