

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton D. Weeks, D.C.

Respondent Name

Travelers Indemnity Company

MFDR Tracking Number

M4-22-2627-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

August 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2021	99456	\$744.07	\$0.00

Requestor's Position

Initial Position: This examination was performed for the purpose of determining MMI, Impairment, and extent of injury as it related to the work injury ... After careful review of documentation, it is concluded that this billed examination was properly performed, documented, and submitted ... The MMI portion of this examination was billed for **\$350.00** using appropriate CPT Code 99456. The IR testing of this examination was billed for **\$150.00** ... Extent of injury was billed for **\$500.00** using appropriate CPT Code 99456 with modifier "W6" and the use of the additional modifier "RE".

Supplemental Position: The attached HICF 1500 is corrected. Previously submitted HICF 1500 had erroneous transposed CTP code of the last two digits. The correct CPT code is 99456.

Amount in Dispute: \$744.07

Respondent's Position

The Provider alleges they are entitled to additional reimbursement for a Designated Doctor evaluation, CPT code 99456. The HCFA-1500 submitted by the Provider, however billed for CPT code 99465 ... Both the original and reconsideration billing contained this error, as documented on the copies submitted with the Provider's Request for Medical Fee Dispute Resolution."

Response Submitted by: Travelers

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.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- B14 – Payment denied because only one visit or consultation per physician per day is covered.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 53 – Two evaluations/visits have been inappropriately billed on the same date of service.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5526 – Please provide correct CPT codes for all services rendered.

Issues

1. Is Travelers Indemnity Company's denial based on incorrect CPT code supported?

Findings

1. Trenton D. Weeks, D.C. is seeking reimbursement for examinations to determine maximum medical improvement, impairment rating, and extent of the compensable injury represented by CPT code 99456.

Travelers Indemnity Company denied payment for the examinations in question stating, in part, "Please provide correct CPT codes for all services rendered." In its position statement,

the insurance carrier also stated that “the Provider has never submitted a bill to the Carrier with billing for the proper CPT code 99456.”

While a supplemental statement was submitted by Dr. Weeks with billing code 99456, no evidence was provided to support that a bill for the disputed service codes was submitted to the insurance carrier prior to requesting this medical fee dispute resolution.

DWC finds that the insurance carrier’s denial for this reason is supported. No additional reimbursement can be 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

Signature

Medical Fee Dispute Resolution Officer

September 30, 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.