



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Steven Anderson, D.C.

**Respondent Name**

TASB Risk Management Fund

**MFDR Tracking Number**

M4-22-2792-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

August 29, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2022	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Range of Motion Testing 95851	\$205.50	\$183.01
Total		\$205.50	\$183.01

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$205.50

### Respondent's Position

This request will be standing on the previous allowance of \$500.00, and no additional allowance is recommended as the Range of Motion Measurement, CPT code 95851, is included in another service and was paid in accordance with the DWC guidelines.

**Response Submitted by:** TASB Risk Management Fund

## 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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for professional medical services.
3. 28 TAC §134.210 sets out the procedures for workers' compensation specific services.
4. 28 TAC §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.

### Denial Reasons

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

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 351 – No additional reimbursement allowed after review of appeal/reconsideration.
- Note: "Designated Doctor. This request will be standing on the previous allowance of \$500.00, and no additional allowance is recommended as the Range of Motion Measurement, CPT code 95851 is included in another service and was paid in accordance with the DWC guidelines."

### Issues

1. Is Steven Anderson, D.C. entitled to reimbursement for the service in question?

### Findings

1. Dr. Anderson is seeking reimbursement for range of motion testing performed in conjunction with an examination to determine the extent of a compensable injury.

The rules at 28 TAC §134.210 explain that an examination by a designated doctor to determine the extent of a compensable injury, represented by CPT code 99456 with modifiers "W6" and "RE," is a division-specific service not subject to Medicare billing rules. If

the examining doctor determines that additional testing is required to make a determination, 28 TAC §134.235 requires that the testing be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

Documentation submitted to DWC supports that Dr. Anderson performed range of motion testing for the shoulders, wrists, hips, and lumbar spine. Range of motion testing, represented by CPT code 95851, was billed at one unit for each extremity and the spine. Therefore, Dr. Anderson is entitled to reimbursement of this service at five units.

As stated in 28 TAC §134.203 (b) and (c), reimbursement for the services in question are based on Medicare policies using the conversion factor determined by DWC for the appropriate year. The conversion factor for 2022 is \$62.46. Therefore, the MAR is \$183.01. 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 \$183.01 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 TASB Risk Management Fund must remit to Steven Anderson, D.C. \$183.01 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

September 30, 2022

Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**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).