



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristian Fields, D.C.

Respondent Name

Service American Indemnity Co.

MFDR Tracking Number

M4-22-2799-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

August 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 23, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00

Requestor's Position

ICD codes appear to be present. Dr. Kristian Fields was certified on date of service. Please provide payment.

Amount in Dispute: \$650.00

Respondent's Position

The Austin carrier representative for Service American Indemnity Co. is JT Parker & Associates, LLC. The representative was notified of this medical fee dispute on September 7, 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 §127.100 sets out the certification procedures for designated doctors.
2. 28 TAC §130.1 sets out the procedures for certification to perform maximum medical improvement and impairment rating examinations.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 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:

- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
- P7 – The applicable fee schedule/fee database does not contain the billed code. Please resubmit a bill with the appropriate fee schedule/fee database code(s) that best describe the service(s) provided.
- RARC CD: M49
- Missing/incomplete/invalid value code(s) or amount(s).

Issues

1. Is Service American Indemnity Co.'s denial based on certification or eligibility supported?
2. Is Kristian Fields, D.C. entitled to additional reimbursement?

Findings

1. Dr. Fields is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. Service American Indemnity Co. denied payment stating, in part, "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

Per 28 TAC §127.100 (b), "In order to serve as a designated doctor, a doctor must be certified as a designated doctor." DWC finds that Dr. Fields was certified as a designated doctor from April 15, 2020, through April 15, 2022. Therefore, on March 23, 2022, the date of service in this

dispute, Dr. Fields was certified to act as a designated doctor for the examination in question.

Per 28 TAC §130.1 (a)(1), "Only an authorized doctor may certify maximum medical improvement (MMI), determine whether there is permanent impairment, and assign an impairment rating if there is permanent impairment." Subsection (A)(ii) states that a designated doctor is authorized to perform the examination in question.

Per 28 TAC §130.1 (a)(1)(B)(i), a doctor must also be "certified to assign impairment ratings or otherwise given specific permission by exception to, is authorized to determine whether an injured employee has permanent impairment, assign an impairment rating, and certify MMI." DWC finds that Dr. Fields was certified to determine maximum medical improvement and impairment rating from April 15, 2020, through April 15, 2022.

DWC concludes that Dr. Fields was properly certified and authorized to perform the examination reviewed in this dispute. The insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment based on certification and eligibility, DWC now reviews the dispute based on billing and fee guidelines.

According to 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the designated doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier "W5." The submitted documentation supports that Dr. Fields performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

When the examining doctor calculates an impairment rating, 28 TAC §§134.250 (4)(A) and 134.240 (1)(A) require the designated doctor to bill with CPT code 99456 and modifier "W5." When the examining doctor also performs the testing for impairment rating of musculoskeletal body areas, 28 TAC §134.250 (4)(C)(iii) requires the examining doctor to add modifier "WP." Review of the submitted documentation finds that Dr. Fields performed an impairment rating evaluation of the right shoulder and elbow with range of motion testing.

The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable reimbursement for the examination in question is \$650.00. 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 \$650.00 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 Service American Indemnity Co. must remit to Kristian Fields, D.C. \$650.00 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

December 15, 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.