

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Joe Huggins, D.C.

Respondent Name

United Fire Lloyds

MFDR Tracking Number

M4-23-0881-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 12, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$300.00	\$300.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$300.00

Respondent's Position

The Austin carrier representative for United Fire Lloyds is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 20, 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 §133.307 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 reduced the payment for the disputed services with the following claim adjustment codes:

- 308 – MMI/IR procedure code 99456 is permitted only once on the same date of service
- Message: "THIS IS IN REFERENCE TO YOUR APPEAL ON THE ATTACHED CLAIM. YOUR APPEAL HAS BEEN ADDRESSED AND WE HAVE DETERMINED THAT AN ADDITIONAL ALLOWANCE IS WARRANTED"
- B12 – Re-evaluated; additional payment is recommended.

Issues

1. Is Joe Huggins, D.C. entitled to additional reimbursement?

Findings

1. Dr. Huggins is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating.

According to 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456. The submitted documentation supports that Dr. Huggins performed an evaluation of maximum medical improvement. 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 doctor to bill with CPT code 99456. 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. Huggins performed impairment rating evaluations of the right 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. The insurance carrier paid \$350.00. An additional reimbursement of \$300.00 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 \$300.00 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 United Fire Lloyds must remit to Joe Huggins, D.C. \$300.00 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

March 15, 2023

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.