



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kasey Kunkel, D.C.

Respondent Name

Znat Insurance Co.

MFDR Tracking Number

M4-23-1090-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 27, 2022	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Range of Motion Testing 95851	\$81.35	\$36.60
Total		\$81.35	\$36.60

Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

Amount in Dispute: \$81.35

Respondent's Position

Upon completion of the clinical review, Zenith identified that the original bill was underpaid. Per TX Rule §34.235 required testing is separately reimbursed in addition to the examination fee. The provider's report does support reimbursement for one unit of the range of motion testing (95851) performed for the shoulder on 06/27/2022. Therefore, an additional payment of \$36.60 was processed for disputed code 95851 x 1 unit on check number 958672. The EOP advised the provider of the adjustment.

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 §134.235 sets out the fee guidelines for examinations to determine extent of the compensable injury and disability.

Denial Reasons

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

- ZDZ XX – This procedure is not paid separately.
- 234 – This procedure is not paid separately.
- 224 TX – Duplicate charge.
- 18 – Exact duplicate claim/service.

Issues

1. What services are considered in this dispute?
2. Did Znat Insurance Co. maintain its denial of payment for the service in question?
3. Is Kasey Kunkel, D.C. entitled to additional reimbursement?

Findings

1. Dr. Kunkel submitted a request for medical fee dispute resolution a designated doctor examination that included determination of the extent of the compensable injury, if disability is related to the compensable injury, and range of motion testing.

Dr. Kunkel is seeking \$0.00 for the examinations to determine the extent of injury and disability, but is seeking reimbursement of \$81.35 for the range of motion testing. Therefore, this is the service that is considered in this dispute.

2. Znat Insurance Co. denied the service in question stating that "this procedure is not paid separately." In the response, Zenith stated on the insurance carrier's behalf that "Zenith

identified that the original bill was underpaid. Per TX Rule §134.235 required testing is separately reimbursed in addition to the examination fee.”

Therefore, DWC finds that the insurance carrier did not maintain its denial of payment for the service in question.

3. Dr. Kunkel is seeking reimbursement for range of motion testing billed with CPT code 95851 for two units. CPT code 95851 is defined as “Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).”

Per 28 TAC §134.235, “Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.”

Documentation submitted supports that Dr. Kunkel performed range of motion testing on the left shoulder and right shoulder. For this service, each extremity is counted as one unit. Therefore, documentation supports reimbursement of two units for this service.

Reimbursement for the testing in question is subject to the requirements found in 28 TAC §134.203, which states, in relevant part:

- (b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
 - (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules ...
- (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
 - (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
 - (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount = Maximum Allowable Reimbursement (MAR).

- The Medicare locality for place of service zip code 79407 is 0441299.
- The DWC Conversion Factor for 2022 is 62.46.
- The Medicare Conversion Factor for 2022 is 34.6062.

- The Medicare Participating Amount for CPT code 95851 for 2022 in locality 0441299 is \$20.28.
- The MAR for CPT code 95851 is \$36.60 per unit.

The total allowable reimbursement for the service in question is \$73.20 for two units. Per explanation of benefits dated January 27, 2023, the insurance carrier paid \$36.60. An additional reimbursement of \$36.60 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 \$36.60 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 Znat Insurance Co. must remit to Kasey Kunkel, D.C. \$36.60 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

April 27, 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.