



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Rosalind Martz, M.D.

**Respondent Name**

Old Republic Insurance Co.

**MFDR Tracking Number**

M4-23-1217-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

January 26, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2022	Designated Doctor Examination 99456-W5-WP	\$300.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-SP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
<b>Total</b>		<b>\$300.00</b>	<b>\$0.00</b>

### Requestor's Position

EOI = 500.00  
MMI = 350.00  
MI = 50.00  
SP = 50.00  
Lumbar (ROM) = 300.00  
LE = 150.00  
Thoracic = 150.00  
Cervical = 150.00  
Head = 150.00 Total = 1850.00

**Amount in Dispute:** \$300.00

## **Respondent's Position**

Requestor billed \$1,250.00 for 99456-W5-WP. Respondent reimbursed \$950.00 for this service. Reimbursement was correct as Requestor was entitled to \$350 for the MMI exam; \$300 for the first musculoskeletal body area (spine); \$150 for the additional musculoskeletal body area (lower extremity); and \$150 for rating a non-musculoskeletal body area (head).

**Response Submitted by:** White/Espey, PLLC

## **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:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Is Rosalind Martz, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Martz is seeking additional reimbursement for a designated doctor examination performed on June 24, 2022. The requestor is seeking \$0.00 for procedure codes 99456-W5-MI, 99456-W5-SP, and 99456-W6-RE. Therefore, these codes will not be reviewed. Dr. Martz is seeking an additional \$300.00 for procedure code 99456-W5-WP. The division will consider

reimbursement for this procedure code.

The submitted documentation supports that Dr. Martz 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.

Review of the submitted documentation finds that Martz performed impairment rating evaluations of the head, spine, and right knee with range of motion testing. Per 28 TAC §134.250 (4)(C), the examining doctor may bill for a maximum of three musculoskeletal body areas defined as:

- Spine and pelvis;
- Upper extremities and hands; and
- lower extremities (including feet).

The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each. For the assignment of impairment ratings of the spine and right knee, the total MAR is \$450.00.

The rule at 28 TAC §134.250 (4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The head is evaluated as a non-musculoskeletal body area. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the examination in question is \$950.00. Per explanation of benefits dated August 23, 2022, the insurance carrier paid this amount in full. No additional reimbursement 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 not established that additional reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement of \$0.00 for the disputed services.

## 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](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).