



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Steven Anderson, D.C.

**Respondent Name**

Donna ISD

**MFDR Tracking Number**

M4-23-1823-01

**Carrier's Austin Representative**

Box Number 29

**DWC Date Received**

March 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 3, 2022	Designated Doctor Examination 99456-W5-WP	\$500.00	\$500.00
	Range of Motion Testing 95851	\$41.10	\$36.60
	Specialist Report 99456-W5-SP	\$50.00	\$0.00
<b>Total</b>		<b>\$591.10</b>	<b>\$536.60</b>

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$591.10

### Respondent's Position

The Austin carrier representative for Donna ISD is Dean G Pappas Law Firm, PLLC. The representative was notified of this medical fee dispute on March 28, 2023.

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 §134.203](#) sets out the fee guidelines for professional medical services.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the extent of the compensable injury.
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:

- Claim/service lacks information or has submission/billing error(s).
- T016 – Claim/service lacks information which is needed for adjudication.
- Comments: "99456 W5-SP AND EXT OF INJURY W6-RE CPT/MODIFIER COMBINATIONS REQUIRE DWC69 AND DOCUMENTATION OF SERVICES FOR REVIEW."

### Issues

1. Is insurance carrier's denial based on lack of information supported?
2. Is Steven Anderson, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Anderson is seeking reimbursement for a designated doctor examination to determine the extent of the compensable injury. The insurance carrier denied payment based on a lack of information. The documents submitted to DWC include the documentation required for reimbursement of the examination in question. The insurance carrier failed to support its

denial of payment for the disputed services.

2. Because the insurance carrier failed to support its denial of payment, Dr. Anderson is entitled to review for reimbursement.

28 TAC §134.235 states:

The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier "RE." In either instance of whether maximum medical improvement/impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

The submitted documentation indicates that Dr. Anderson performed an examination to determine the extent of the compensable injury. The reimbursement for this examination is \$500.00.

Documentation submitted to DWC supports that Dr. Anderson performed range of motion testing for the lumbar spine billed with procedure code 95851. Procedure code 95851 is defined as "Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)." Therefore, the doctor is entitled to reimbursement of this service at one unit.

28 TAC §134.203 (b) states:

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.

28 TAC §134.203 (c) states:

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.

- The DWC conversion factor for 2022 is 62.46.
- The Medicare conversion factor for the date of service in question is 34.6062.
- Per the submitted medical bills, the service was rendered in zip code 78516 which is in Medicare locality 0441299.

The Medicare participating amount for CPT code 95851 is \$20.28 for the first unit. The MAR is calculated as follows:  $(62.46/34.6062) \times \$20.28 = \$36.60$ .

Dr. Anderson is also seeking reimbursement for incorporating additional testing into the examination to determine extent of the compensable injury. Dr. Anderson billed this service using procedure code 99456-SP.

28 TAC §134.250 (4)(D)(iii) limits billing for incorporating a specialist report into the determination of impairment rating to non-musculoskeletal body areas. Dr. Anderson provided no evidence to support that a specialist's report was used in the final determination of an impairment rating of a non-musculoskeletal body area.

The total allowable reimbursement for the services in question is \$536.60. 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 requestor has established that additional reimbursement of \$536.60 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Donna ISD must remit to Steven Anderson, D.C. \$536.60 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

\_\_\_\_\_  
May 26, 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).