



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gary R. Williams, M.D.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-23-1848-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 28, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 7, 2022	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$100.00	\$100.00
	Incorporation of Specialist's Report 99456-SP	\$50.00	\$50.00
	Work Status Report 99080-73	\$15.00	\$0.00
Total		\$665.00	\$650.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION

Amount in Dispute: \$665.00

Respondent's Position

In our in-depth review, CorVel it was determined that the Requestor addressed issues they were not asked to address in the as seen on the DWC32 dated 6/22/2022 and signed by the adjuster ... As such, no payment was made on the Extent of Injury (99456-W6), the Multiple Impairments (99456-MI), Specialist Report (99456-SP) nor the DWC-73 (99080-73).

Response Submitted by: CorVel

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 \(TAC\) §127.1](#) sets out the procedures for requesting a designated doctor examination.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the extent of a compensable injury and ability to return to work.
4. [28 TAC §134.239](#) sets out the guidelines for work status reports provided with division-specific services.
5. [28 TAC §134.240](#) sets out the reimbursement guidelines for designated doctor examinations.
6. [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:

- Notes: "The DWC32 submitted for this claim that was signed by the adjusters on 6/22/22 did not request that the DD address EOI, only DD, IR and RTW."
- Notes: "The DWC32 dated 6/22/22 did not request the DD to address EOI."
- Notes: "DD was not asked to address multiple impairments"
- Notes: "DD was not asked to address EOI."
- 136 – Not a requested/authorized report
- RD8 – Multiple Procedure/2nd Procedure (50%)
- 234 – This procedure is not paid separately.
- R09 – CCI; CPT Manual and CMS coding manual instructions

- 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.

Issues

1. What are the services considered in this dispute?
2. Is Gary R. Williams, M.D. entitled to additional reimbursement?

Findings

1. Dr. Williams is seeking additional reimbursement for a designated doctor examination performed on September 7, 2022. The insurance carrier argued that it “determined that the Requestor addressed issues they were not asked to address in the as seen on the DWC32 dated 6/22/2022 and signed by the adjuster.”

Per Commissioner’s Order Changing Designated Doctor Exam, dated August 22, 2022, Dr. Williams was asked to address maximum medical improvement, impairment rating, extent of injury, and return to work.

Dr. Williams is seeking \$0.00 reimbursement for the examinations to determine maximum medical improvement, impairment rating, and return to work. Therefore, these services will not be considered. DWC will review the examination to determine extent of injury in this dispute.

Dr. Williams is also seeking reimbursement for multiple impairment ratings, incorporating a specialist’s report, and completing a work status report. These services will also be reviewed in this dispute.

2. The submitted documentation indicates that Dr. Williams performed an examination to determine the extent of the compensable injury, as ordered by DWC. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240 (2):

When multiple examinations under the same specific division order are performed concurrently under paragraph (1)(C) - (F) of this section:

- (A) the first examination shall be reimbursed at 100 percent of the set fee outlined in §134.235 of this title;
- (B) the second examination shall be reimbursed at 50 percent of the set fee outlined in §134.235 of this title; and
- (C) subsequent examinations shall be reimbursed at 25 percent of the set fee outlined in §134.235 of this title.

The examination to determine the extent of the compensable injury was billed as the first examination of this type. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$500.00.

As noted above, Dr. Williams was ordered to address maximum medical improvement, impairment rating, and extent of injury. The narrative report and enclosed forms support that these evaluations were performed, and two additional impairment ratings were provided.

When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation. Therefore, the correct MAR for the service in this dispute is \$100.00.

Submitted documentation supports that Dr. Williams referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for psychological issues. The use of this report is noted in the narrative. Per 28 TAC §134.250 (4)(D)(iii),

When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply:

- (1) The examining doctor (e.g., the referring doctor) shall bill using the appropriate MMI CPT code with modifier "SP" and indicate one unit in the units column of the billing form. Reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination.

Therefore, the MAR for the incorporation of of the specialist report in the disputed examination is \$50.00.

Per 28 TAC §134.235, reimbursement for an examination to determine the ability to return to work includes division-required reports. 28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

Because the work status report in question was filed as part of an examination that was conducted as outlined in 28 TAC §134.240, filing the DWC073 in this case is not separately payable.

The total allowable reimbursement for the disputed services 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 Indemnity Insurance Co.

of North America must remit to Gary R. Williams, M.D. \$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

May 11, 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.