



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Aaron Levine, M.D.

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-23-2213-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
09/14/2022	99456 W5-WP	\$0.00	\$0.00
09/14/2022	99456 W5-MI	\$50.00	\$0.00
09/14/2022	99456 W6-RE	\$0.00	\$0.00
09/14/2022	99456 W7-RE	\$0.00	\$0.00
09/14/2022	99456 W8-RE	\$0.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"The following bill was audited and paid incorrectly. TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.250. This rule states to reimburse the examining doctor, other than the treating doctor \$350.00 for MMI evaluations. TDI-DWC addresses Impairment Rating (IR) Evaluations with Rule 134.250 (4). This rule states if a full physical evaluation, with range of motion, is performed, reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00. This rule goes on to state when multiple IR's are required as a component of a DDE, the DD shall be reimbursed \$50 for each additional IR calculation. Modifier 'MI' shall be added to CPT code."

Amount in Dispute: \$50.00

Respondent's Position

"The respondent does not disagree that DD exams are payable; however, while the carrier is 'required' to pay DDE bills, the carrier is only 'required' to pay when HCP has billed and provided services in accordance with current rules... The Requestor billed 99456-MI @\$100 for 2 units. Payment for Certification #1 is included in the reimbursement for 99456-W5. Certification #2 was completed to determine MMI for disputed injuries and accepted injuries. Those injuries were placed at MMI and additional impairment ratings were provided - 99456-MI was paid 1 unit @ \$50. Since Certification #3 lists the exact same DX codes as found in Certification #1, there were no additional ratings beyond the accepted conditions found in Certification #1 and the disputed + accepted conditions found in Certification #2."

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 \(TAC\) §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:

- P12 – Workers' Compensation State Fee Schedule Adj.
- ORC – See additional information.
- "Certification #3" has exact same DX codes as Certification #1. There's no "additional" Impairment ratings beyond the accepted conditions (cert #1) and the disputed + accepted conditions (cert #2).

Issues

1. What are the services in dispute?
2. Is the insurance carrier's reimbursement reduction reason supported?

3. Is the requestor entitled to additional reimbursement?

Findings

1. Although there are a total of five services listed on the MFDR DWC060 request form, the requestor is seeking \$0.00 for all of them except CPT code 99456-W5-MI. Therefore, only CPT code 99456-W5-MI will be reviewed and adjudicated in this dispute resolution process.
2. The requestor billed 2 units of CPT code 99456-W5-MI, rendered on September 14, 2022. Per the explanation of review, the insurance carrier reduced reimbursement to one unit stating that "there are no additional impairment ratings beyond those conditions contained in certifications #1 and #2."

Submitted documentation indicates that the designated doctor was asked to address maximum medical improvement, impairment rating, and extent of injury. 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 for each additional impairment rating calculation.

Review of documentation submitted finds that the requestor provided three Reports of Medical Evaluation with the medical billing. The reports, labeled by the requestor as Certifications #1 and #2, have previously been reimbursed the full charges, per explanation of review submitted. Since the report, labeled Certification #3, lists the same diagnoses found in Certification #1, it does not qualify as a separate impairment rating. Documentation does not support that the designated doctor provided additional impairment ratings.

The division finds that the insurance carrier's reimbursement reduction reason is supported.

3. The requestor is seeking additional reimbursement for CPT code 99456-W5-MI, rendered on September 14, 2022. The CPT code 99456-W5 involves rendering of Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examination by a doctor other than the treating doctor. The requestor appended the CPT code 99456-W5 with the additional modifier MI, which indicates multiple impairment ratings reported.

The submitted documentation does not support that the designated doctor provided additional impairment ratings for conditions beyond those that have been previously reimbursed in full on the same date of service. Therefore, a charge for additional impairment ratings was not supported.

In accordance with 28 TAC §134.250 (4)(B), DWC does not recommend additional reimbursement for the disputed charges.

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 \$0.00 additional reimbursement for the disputed services.

Authorized Signature

_____	_____	July 7, 2023
Signature	Medical Fee Dispute Resolution Officer	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.