

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Raymond T. Alexander, M.D.

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-23-2280-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 12, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2022	Designated Doctor Examination 99456-W5-WP	\$500.00	\$0.00
	Designated Doctor Examination 99456-RE-W6	\$500.00	\$0.00
	Designated Doctor Examination 99456-RE-W7	\$250.00	\$0.00
	Designated Doctor Examination 99456-RE-W8	\$125.00	\$0.00
	Work Status Form 99080-73	\$15.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$0.00
<b>Total</b>		<b>1,440.00</b>	<b>\$0.00</b>

### Requestor's Position

**Original Position Statement:** "Please be advised that this was a designated doctor's evaluation assigned by the Texas Department of Insurance Division of Workers' Compensation, for MMI/IR, Extent, RTW + Direct Result. On October 24, 2022, Dr. Raymond Alexander, performed the MMI/IR examination on [injured employee] and billed Corvel in the amount of \$1,440.00."

**Subsequent Position Statement:** "We received payment in the amount of \$1,375.00, issued on

May 5, 2023, check #1024360, a day or two after making the Medical Fee Dispute for the amount of \$1,400.00. There is a remaining balance of \$65.00, so we will continue to dispute, until the balance is paid.”

**Amount in Dispute:** \$1,440.00

### **Respondent's Position**

“Upon notification of the dispute, CorVel performed an in-depth review of the DDE services in question for date of service 10/24/2022. CorVel determined the requestor had submitted billing that was received on 11/15/2022. Provider’s billing did not have the DWC-69 completed. Specifically, box 13 of form was incomplete. Corrected billing was received on 04/19/2023 and was approved for payment of \$1,375.00 on 05/05/2023. A copy of the explanation of benefits has been attached.”

**Response Submitted by:** CorVel

### **Findings and Decision**

#### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.235](#) sets out the fee guidelines for examinations to determine extent of injury, disability, and return to work.
3. [28 TAC §134.239](#) sets out the guidelines for submission of a Work Status Report in association with a designated doctor examination.
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:

- 16 – Svc lacks info needed or has billing error(s)
- 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.

- 234 – This procedure is not paid separately.
- 97 – Charge Included in another Charge or Service
- ORC – See Additional Information
- Notes: “Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI; therefore, no addtl IR occurred.”

### Issues

1. What are the services considered in this dispute?
2. Is Raymond T. Alexander, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Alexander is seeking reimbursement for a designated doctor evaluation performed on October 24, 2022. After medical fee dispute resolution was requested, the insurance carrier paid \$1,375.00. Dr. Alexander is still seeking \$65.00 for procedure codes 99456-W5-MI and 99080-73. Therefore, these are the services considered in this dispute.
2. The submitted documentation indicates that Dr. Alexander 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 \$50.00 for each additional impairment rating calculation.

Documentation supports that Dr. Alexander concluded that the injured employee was at maximum medical improvement for the accepted injuries, but not for the disputed conditions, so no additional impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. DWC does not recommend additional reimbursement for this service.

Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination. Therefore, no reimbursement is recommended for this service.

DWC finds that no additional reimbursement can be recommended for the services considered in this dispute.

### 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 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 reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

July 21, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).