



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Angela Cox, D.C.

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-23-2407-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

May 23, 2023

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| 12/08/2022 | 99456-W5-WP | \$950.00 | \$950.00 |

Requestor's Position

Excerpt from reconsideration request dated March 2, 2023:

"...the provider has not received an EOB within 50 days from submitting the bill. Rule 133.250 (d) (2) states a request for reconsideration shall include an EOB only 'if received'. Per Rule 133.240, the insurance carrier is required to take final action and send an EOB to the provider not later than the 45th day after receipt of the bill. If a review has already been performed, please consider this a request for a copy of the EOB."

Amount in Dispute: \$950.00

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey PLLC. The representative was notified of this medical fee dispute on June 1, 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.

Response submitted by: N/A

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 §133.240](#) sets out the procedures for payment or denial of a medical bill.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Explanation of benefits (EOB) document was not submitted.

Issues

1. Did the insurance carrier take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is the requestor entitled to reimbursement for disputed date of service December 8, 2022?

Findings

1. The requestor is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

Requestor argued that it did not receive payment or an explanation of denial for medical bills submitted for the examination in question. The DWC has not received a response from the insurance carrier or its representative.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

The DWC finds that the insurance carrier did not take final action on the bill for the service in question prior to the request for MFDR.

2. The requestor billed 3 units for CPT code 99456-W5-WP, rendered on December 8, 2022.

The Request for Designated Doctor Examination, form DWC032, indicates that the designated doctor was asked to address maximum medical improvement (MMI) and impairment rating (IR).

28 TAC §134.250(3)(C) which applies to reimbursement of MMI examinations by a designated doctor, states that an examining doctor, other than the treating doctor, shall bill using CPT code 99456 and reimbursement shall be \$350.00.

28 TAC §134.250(4)(C) which sets the guidelines for reimbursement of impairment ratings (IR) states in pertinent part, "For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas... (ii) The maximum allowable reimbursement (MAR) for musculoskeletal body areas shall be as follows: (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used... (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area. (iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR."

Review of submitted documentation finds that the requestor documented an examination by a designated doctor which provided MMI certification and impairment rating for three body areas: cervical spine, left shoulder and left knee (three units). Documentation included range of motion testing on all three body areas rated. The requestor referenced the use of AMA Guides, 4th Edition in their calculation of impairment rating.

Based on 28 TAC §134.250, the total MAR for three units of the disputed service, CPT code 99456-W5-WP, is \$950.00.

The DWC finds that the requestor is entitled to reimbursement in the amount of \$950.00 for disputed date of service, December 8, 2022.

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 reimbursement is due in the amount of \$950.00.

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 the Respondent, Old Republic Insurance Co., must remit to the Requestor, Ashley Cox, D.C., \$950.00 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

August 1, 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.