

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kevin Prentice, D.C.

Respondent Name

Sirius America Insurance Co.

MFDR Tracking Number

M4-23-2472-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 19, 2023	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
Total		\$1,200.00	\$0.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,200.00

Respondent's Position

"The Requestor has submitted proof that a complete medical bill for DOS in question, 01/19/2023, in the amount of \$1200.00 was submitted timely via fax on 01/31/2023. A request for reconsideration was faxed to the adjuster 3/31/2023.

"The bill in question has now been reviewed in accordance with fee guidelines and interest from

the original fax date is included.”

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 §134.250](#) 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 after receiving the dispute resolution request with the following claim adjustment codes:

- 234 – This procedure is not paid separately.
- 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 in dispute?
2. Is Kevin Prentice, D.C. entitled to additional reimbursement?

Findings

1. Dr. Prentice submitted a request for medical fee dispute resolution for reimbursement of a designated doctor examination. Billing for this examination included determination of maximum medical improvement and impairment rating with multiple impairment calculations, and the extent of the compensable injury. Per the submitted claim form, the requestor billed procedure codes 99456-W5-WP for \$650.00, 99456-W5-MI for \$50.00, and 99456-W6-RE for \$500.00. Dr. Prentice was seeking \$1,200.00.

The insurance carrier made a payment of \$1,150.00 after the request for resolution for the services in question. According to the explanation of benefits dated June 16, 2023, the requestor was reimbursed the full billed amount for procedure codes 99456-W5-WP and 99456-W6-RE.

Per email dated July 27, 2023, Dr. Prentice was seeking to move forward with the dispute for the remaining balance of \$50.00. Because the insurance carrier’s explanation of benefits indicated a \$0.00 payment for procedure code 99456-W5-MI, which represents multiple impairment rating calculations. Therefore, this is the service considered in this dispute.

- 2. The submitted documentation indicates that Dr. Prentice 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.

According to the submitted narrative and Reports of Medical Evaluation, Dr. Prentice found the injured employee at maximum medical improvement and provided an impairment rating for one scenario, but found the second scenario was not at maximum medical improvement, so no impairment rating was provided.

Documentation does not support that the designated doctor provided additional impairment ratings. Therefore, a charge for additional impairment calculations was not supported. DWC finds that the requestor is not entitled to reimbursement for this charge.

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

August 23, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.