



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Michael Leonard, M.D.

**Respondent Name**

Safety National Casualty Insurance Co.

**MFDR Tracking Number**

M4-23-2492-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
07/19/2022	99456-W5-WP	\$0.00	\$0.00
07/19/2022	99456-W6-RE	\$0.00	\$0.00
07/19/2022	99456-W5-MI	\$100.00	\$0.00
<b>Total</b>		\$100.00	\$0.00

### Requestor's Position

Excerpt from reconsideration request dated 1/7/2023:

"The attached Designated Doctor claim has been reduced/cut inappropriately based on the MAR for the CPT Codes billed according to DWC Rule 134.204 (i) (j) (k)."

**Amount in Dispute:** \$100.00

### 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 'Compensable with included disputed'. Per the 2nd DWC69 those injuries were not at MMI. Certification #3 was completed for "Compensable with all disputed". Per the 3rd DWC69, those injuries were also deemed not at MMI. Because the 2nd and

3rd Certifications were deemed not at MMI, no payment is made as no additional Impairment Ratings occurred. Provider cannot be paid for 99456-MI since no Impairment Ratings were performed.”

**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:

- 234 – This procedure is not paid separately.
- Explanation of review line-item note: 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.
- W3 – Appeal/ Reconsideration

### 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 three 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 for CPT code 99456-W5-MI, rendered on July 19, 2022. Per the

explanation of review, the insurance carrier denied reimbursement stating that "the non-compensable injuries are not at MMI; therefore, no addtl IR occurred."

Submitted documentation indicates that the designated doctor was asked to address maximum medical improvement (MMI), 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 submitted documentation finds that the requestor provided three Reports of Medical Evaluation with the medical billing. Only the compensable diagnosis was certified to be at MMI and given an impairment rating. Documentation does not support that the designated doctor provided additional impairment ratings.

The division finds that the insurance carrier's denial reason of CPT code 99456-W5-MI is supported.

3. Because the insurance carrier's denial of reimbursement was supported, the division finds that the requestor is not entitled to reimbursement of the disputed service.

### 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**

\_\_\_\_\_  
Signature

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

July 25, 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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).