



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Charles Bryan Pool, D.C.

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-23-2500-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

May 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/20/2022	99456 W5-WP	\$0.00	\$0.00
12/20/2022	99456 W7-RE	\$0.00	\$0.00
12/20/2022	99456 W6-RE	\$0.00	\$0.00
12/20/2022	99456 W5-MI	\$50.00	\$0.00
<b>Total</b>		\$50.00	\$0.00

### Requestor's Position

"Per Rule 134.204 (j) (4) (B) when multiple IRs are required as a component of a designated doctor examination under 130.6 of this title, the designated doctor shall bill for the number of body areas rated AND be reimbursed \$50.00 for each additional impairment rating calculation. Modifier "MI" shall be added to the MMI evaluation CPT code."

**Amount in Dispute:** \$50.00

### Respondent's Position

"Per TAC rule 134.250(4)(B), for reimbursement to be made, multiple IR's are to be reported. Both of the TWCC-69 reports submitted by the health care provider are identical. One should have been for the compensable diagnoses and the second should have been for the non-compensable diagnoses. The documentation submitted by the health care provider does indicate that one of the TWCC-69's should have shown that the injured worker was not at MMI, however, they are identical. Our position is that no payment is due."

**Response submitted by:** Texas Mutual Insurance Co.

## 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 denied the payment for the disputed service with the following claim adjustment codes:

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL
- 16 - CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW. IT IS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- DC4 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 225 - THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 892 - DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.
- Reason Code Notes: 892, 225 – NO ADDITIONAL DWC-69 SUBMITTED.

### Issues

1. What are the services in dispute?
2. Is the insurance carrier's denial reason supported?
3. Is the requestor entitled to reimbursement?

## Findings

1. Although there are a total of four 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 1 unit of CPT code 99456-W5-MI, rendered on December 20, 2022. Per the explanation of benefits, the insurance carrier denied reimbursement, stating that "no additional DWC-69 was submitted" and "submitted documentation does not support the service being billed." The DWC-69 is a Report of Medical Evaluation form that the designated doctor is required to complete, indicating the injured employee's maximum medical improvement (MMI) status and impairment rating (IR).

A review of the submitted documentation indicates that the designated doctor was asked to address the maximum medical improvement, impairment rating, and disability of both the compensable injury and the disputed 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.

A review of the submitted documentation finds that the requestor provided only one Report of Medical Evaluation (DWC-69) of the compensable injury. The requestor included a duplicate of the same DWC-69 or an identical report with the medical billing. The report has previously been reimbursed for the full charges, per the explanation of review submitted. Documentation does not support the claim that the designated doctor provided additional impairment ratings.

The DWC finds that the insurance carrier's reimbursement denial reason is supported.

3. The requestor is seeking reimbursement for CPT code 99456-W5-MI, rendered on December 20, 2022. The CPT code 99456-W5 involves the rendering of a 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 the claim 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**

_____	_____	August 11, 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](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).