



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jeffrey R. Hamilton, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-23-2633-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 15, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99455	\$500.00	\$0.00

Requestor's Position

"The injured worker was scheduled for a Request for an Alternate Certification as per the Office of Injured Employee Counsel dated 07/07/2022. The appointment took place on 07/26/2022 and the complete/clean bill was submitted to the carrier for reimbursement on 08/25/2022. Despite countless attempts to obtain an explanation of benefits, it has not been provided to date ..."

Amount in Dispute: \$500.00

Respondent's Position

The doctor selected to perform the MMI/IR exam is not the treating doctor and has not treated the injured worker in the past. In accordance with rule 134.250(3)(C), the doctor should bill CPT code 99456, however, modifier V3 is reserved for the treating doctor billing with CPT code 99455 per rule 134.250(3)(A)(ii).

Response Submitted by: Texas Mutual Insurance Company

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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Did Insurance Carrier take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Jeffrey R. Hamilton, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Hamilton is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Dr. Hamilton argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

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.

2. Because the insurance carrier failed to support denial of payment for the services in question, DWC will consider eligibility for reimbursement.

While the Medical Fee Dispute Resolution Request listed the disputed service as procedure code 99455, the billed code and the code addressed by the insurance carrier in its response was 99456-V3-WP. DWC will review this code for payment.

Documentation submitted indicates that the examination in question was performed as a response to a designated doctor examination, referred by the injured employee's treating physician, and requested on behalf of the injured employee.

According to 28 TAC §§134.250(3)

- (A) An examining doctor who is the treating doctor shall bill using CPT code 99455 with the appropriate modifier.
 - (i) Reimbursement shall be the applicable established patient office visit level associated with the examination.
 - (ii) Modifiers "V1," "V2," "V3," "V4," or "V5" shall be added to the CPT code to correspond with the last digit of the applicable office visit.
- (B) If the treating doctor refers the injured employee to another doctor for the examination and certification of MMI (and IR); and the referral examining doctor has:
 - (i) previously been treating the injured employee, then the referral doctor shall bill the MMI evaluation in accordance with paragraph (3)(A) of this section; or
 - (ii) not previously treated the injured employee, then the referral doctor shall bill the MMI evaluation in accordance with paragraph (3)(C) of this section.
- (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350.

Because no evidence was provided to support that Dr. Hamilton had previously been treating the injured employee, procedure code 99456 is the proper code for the examination in question. However, modifier V3 is limited to the treating doctor and a referral examining doctor who has "previously been treating the injured employee." For this reason, reimbursement for the examination in question cannot be recommended.

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 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

September 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 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.