Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
Raymond T. Alexander, M.D.

**Respondent Name**
American Zurich Insurance Co.

**MFDR Tracking Number**
M4-23-2698-01

**Carrier's Austin Representative**
Box Number 19

**DWC Date Received**
June 22, 2023

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| April 13, 2023 | Required Medical Examination to Determine Maximum Medical Improvement and Impairment Rating | $300.00 | $0.00 |

## Requestor's Position

"Review of submitted documentation finds that the doctor performed an evaluation in the amount of $800.00. The insurance carrier has failed to submit payment for the *Medical Fee Guidelines* allowable for a State issued Designated Doctors Evaluation. I am requesting for a total reimbursement of $300.00 …

$800 Breakdown for CPT Code 99456—RE, Modifier WP, x 1 Units

- $500 RME/IME
- $300 ROM – Range of Motion – Ankle"

**Amount in Dispute:** $300.00

## Respondent's Position

The Austin carrier representative for American Zurich Insurance Co., is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 27, 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.

## 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) §133.20 sets out the procedures for submitting 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

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issues

1. Is Raymond T. Alexander, M.D. entitled to additional reimbursement?

Findings

1. Dr. Alexander is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating as requested by the insurance carrier. Dr. Alexander billed $800.00. The insurance carrier paid $500.00, citing fee guidelines as the reason for reduction. Dr. Alexander is seeking an additional $300.00 for the examination in question.

28 TAC §133.20(c) states, "A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills."

The medical fee guidelines for examinations to determine maximum medical improvement and impairment rating are found in 28 TAC §134.250.

According to 28 TAC §134.250(3)(C), "an examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be $350."

When the examining doctor calculates an impairment rating, 28 TAC §§134.250(4)(A) requires the doctor to bill using CPT code 99456. When the examining doctor also performs the testing for impairment rating of musculoskeletal body areas, 28 TAC §134.250(4)(C)(iii) requires the examining doctor to add modifier "WP." If full physical evaluation, with range of motion is performed, the reimbursement for the first musculoskeletal body area is $300.00.

Documentation submitted with this dispute supports that Dr. Alexander performed an examination to determine maximum medical improvement and impairment rating with range of motion testing. However, no records were found to support that the examination in question was billed in accordance with 28 TAC §134.250 as required by 28 TAC §133.20(c). No additional reimbursement can 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 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 | September 8, 2023<br>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 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 electronico CompConnection@tdi.texas.gov.