



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Raymond Alexander, M.D.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-23-2839-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 10, 2023	Required Medical Examination to Determine Maximum Medical Improvement and Impairment Rating: 99456-RE	\$500.00	\$0.00
	Required Medical Examination to Determine Ability to Return to Work: 99456-RE-W8	\$0.00	\$0.00
	Work Status Report: 99080-73	\$15.00	\$0.00
	Range of Motion	\$300.00	\$0.00
Total		\$815.00	\$0.00

Requestor's Position

Original Statement: "Review of submitted documentation finds that the doctor performed an evaluation in the amount of \$1,315.00. The insurance carrier has failed to submit full payment for the *Medical Fee Guidelines* allowable for State issued Designated Doctors Evaluation. I am requesting for a reimbursement of \$815.00. The claim was billed in accordance to rule 134.202 Medical Fee Guidelines (C)(iii)(D)(II)(III) for the **State of Texas.**"

Subsequent Statement: "The insurance made two payments. The first payment was for \$500.00 on 6/5/2023 and the seconds payment was for \$650.00 on 7/31/2023. There is still a remaining balance of \$165.00."

Amount in Dispute: \$815.00

Respondent's Position

"The provider was entitled to \$350.00 for the MMI portion of the exam and he was entitled to \$300.00 for the range of motion testing of the left ankle area. Accordingly, for the MMI and impairment rating exam, the provider was entitled to a total of \$650.00. The \$300.00 amount would be based upon the impairment rating assignment, which included range of motion testing. However, it appears that the provider wants an additional \$150.00, but he is not entitled to it because it does not involve a different body area than what he had already done range of motion testing on.

"With respect to the \$15.00 amount for the DWC-73 work status report, the provider is not entitled to any additional payment beyond the \$400.00 that was based upon the return to work exam. The DWC-73 is part of that exam."

Response Submitted by: Flahive, Ogden & Latson

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 §134.235](#) sets out the procedures for examinations to determine ability to return to work.
3. [28 TAC §134.239](#) sets out the procedures for work status forms associated with workers' compensation specific services.
4. [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:

- 242 – According to the fee schedule, this charge is not covered.
- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
- 96 – Non-covered charge(s)
- 97 – Payment adjusted because the benefit for this service is included in the

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What are the services considered in this dispute?
2. What are the rules that apply to this dispute?
3. Is Raymond Alexander, M.D. entitled to additional reimbursement for the services in question?

Findings

1. Dr. Alexander is seeking additional reimbursement for a required medical examination that included maximum medical improvement (MMI), impairment rating, and ability to return to work which included a work status form performed May 10, 2023.

Per explanation of benefits dated May 26, 2023, the insurance carrier paid \$500.00 for the examination to determine the ability to return to work. Therefore, this service will not be considered in this dispute. The DWC will review the examination to determine MMI, impairment rating, and the work status form.

2. Per the submitted medical bill dated May 19, 2023, and the position statement included in this dispute, Dr. Alexander billed the examination for MMI and impairment rating with procedure code 99456 and modifier "RE." Fee guidelines for examinations to determine maximum medical improvement and impairment rating are found in 28 TAC §134.250, effective July 7, 2016.

28 TAC §134.250(3) states, "The following applies for billing and reimbursement of an MMI evaluation ... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350."

28 TAC §134.250(4) states, "The following applies for billing and reimbursement of an IR evaluation ...

- (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form...
- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows:
 - (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.

- (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.
- (iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier "WP." Reimbursement shall be 100 percent of the total MAR."

Work status reports associated with workers' compensation specific services are subject to 28 TAC §134.239, which states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

In addition, 28 TAC §134.235 states, in relevant part, "... When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.' In either instance of whether maximum medical improvement/impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports ..."

3. The submitted documentation supports that Dr. Alexander performed an evaluation of maximum medical improvement (MMI) as requested by the insurance carrier. As noted above, 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Alexander performed impairment rating evaluations of the left lower extremity with range of motion testing. 28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a required medical examination as it is a report required by the DWC and therefore included in the reimbursement for the examination to determine the ability to return to work.

The DWC finds that the total allowable reimbursement for the services in question is \$650.00. Per explanation of benefits produced after the request for medical fee dispute resolution and dated July 18, 2023, the insurance carrier paid this amount for the services in question. No additional reimbursement is 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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 6, 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.