

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Raymond T. Alexander, M.D.

**Respondent Name**

Everest Premier Insurance Co.

**MFDR Tracking Number**

M4-23-2869-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 13, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2023	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-RE-W6	\$0.00	\$0.00
	Designated Doctor Examination 99456-RE-W7	\$0.00	\$0.00
	Designated Doctor Examination 99456-RE-W8	\$0.00	\$0.00
	Work Status Report 99080-73	\$15.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$50.00	\$0.00
<b>Total</b>		<b>\$65.00</b>	<b>\$0.00</b>

### Requestor's Position

"Per the attached copy of the report, Dr. Alexander addressed MMI/IR and has submitted the required form according to the Guides to the Evaluation of permanent Impairment, Fourth Edition, published by the American Medical Association, please see page 5-6 of Dr. Alexander's report under Section VI: Summary & Comments on MMI."

**Amount in Dispute:** \$65.00

## Respondent's Position

“Per **Rule §134.204(n) (5) MI, Multiple Impairment Ratings—This modifier shall be added to CPT Code 99456 when the designated doctor is required to complete multiple impairment rating calculations.** The Requestor submitted 2 DWC69 forms.

- '#1' is for the accepted injuries and shows the IW is at MMI.
- '#2' is for accepted and disputed injuries and shows the IW is NOT at MMI.

As no impairment can be calculated if not at MMI, 99456-MI is not subject to reimbursement.

Per **Rule §134.235 and 134.239**, the DWC73 is not separately payable when to the DD that has been asked to determine RTW status.”

**Response Submitted by:** CorVel

## 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 \(TAC\) 127.10](#) sets out the requirements for a designated doctor examination.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the extent of a compensable injury, disability, and ability to return to work.
4. [28 TAC §134.239](#) sets out the fee guidelines for work status reports provided with designated doctor examinations.
5. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment ratings.

### 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.
- Notes: “Per rule 134.250(1) an MMI/IR exam includes all time spent on the exam/evaluation; consultation w/IW, review of records, narrative preparation, testing, calculation tables, figures, worksheets and addendums.”
- Notes: “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.”

### Issues

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

### Findings

1. Dr. Alexander is seeking additional reimbursement for a designated doctor examination performed on February 22, 2023. Dr. Alexander is seeking \$0.00 for evaluations of maximum medical improvement, impairment rating, extent of injury, disability, and return to work. Therefore, these services will not be considered in this dispute.

Dr. Alexander is seeking reimbursement of \$65.00 for filing a Work Status Report (DWC073) and providing multiple impairment calculations. These are the services considered in this dispute.

2. Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination. No reimbursement can be recommended for this service.

Per 28 TAC §127.10(d), effective September 1, 2012, DWC requires a designated doctor who is ordered to address maximum medical improvement, impairment rating, and the extent of the compensable injury in a single examination to provide multiple certifications of MMI and impairment ratings that consider each reasonable outcome for the extent of the injury.

The submitted documentation indicates that Dr. Alexander was asked to address maximum medical improvement, 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 \$50.00 for each additional impairment rating calculation.

Documentation indicates that Doctor Alexander assessed one scenario that included the compensable diagnoses and one scenario that included the compensable and non-compensable diagnoses. He found that the injured employee was not at maximum medical improvement in one scenario, so no additional impairment calculations were provided. Therefore, a charge for additional impairment calculations was not supported. DWC does not recommend additional reimbursement for this charge.

### 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

_____	_____	September 15, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).